No. 9331.3a7

v.2

1937-38

THE TRUSTEES OF THE PUBLIC LIBRARY OF THE CITY OF BOSTON 1852 · 1878

GIVEN BY

U. S. SUPT. OF DOCUMENTS

THE CHILD — MONTHLY NEWS SUMMARY

WITH SOCIAL-STATISTICS SUPPLEMENT

VOLUME 2.—JULY 1937–JUNE 1938

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD

MONTHLY NEWS SUMMARY

◆

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

◆

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S GOVERNMENT PRINTING OFFICE : 1938

INDEX

THE CHILD -- Monthly News Summary
Volume 2, July 1937 - June 1938

Key to abbreviations used:

CB - Children's Bureau
SSA - Social Security Act
Per. - periodical article
supp. - supplement

A

Accidents. *See* Safety education.

Adams, Dorothy Cobb: Crippling effects of anterior poliomyelitis, Nov 95-98.

Adoption, responsibility of State in (Colby), Mar-Apr 194-198; CB studies, June 260. *See also* Socially handicapped children.

Advisory Committee on Community Child-Welfare Services (CB), May 226-228.

Advisory Committee on Education, report of, Feb 180-181, Mar-Apr 212.

Advisory Committee on Maternal and Child-Welfare Services, General (CB), June 249.

Advisory Committee on Social Questions of the League of Nations (Hazard), Sept 51-53; second annual session, Mar-Apr 199.

Advisory Committee on Training Schools for Socially Maladjusted Children (CB), Mar-Apr 199-201.

Aid to dependent children: Current developments in (Hoey), Oct 80-81; in Sweden, Dec 119. *See also* Social-security program.

Alabama: Unemployment compensation act upheld, July 10-11.

Alaska: Social-security program, Nov 99-101.

Allen, Edgar F.: Death of, Oct 91.

American Association of Medical Social Workers: Medical social work with unmarried mothers, May 235-238; study course outlined, July 11.

American Association of Social Workers: Publications, May 240.

American Committee on Maternal Welfare: Birth of a baby (motion picture), Dec 134.

American Congress on Obstetrics and Gynecology, May 222.

American Institute of Public Opinion, Dec 125.

American Legion: Child-welfare conference, Oct 88.

American Medical Association: Publications, Mar-Apr 209, June 256, 263; radio programs, Sept 68, Nov 115.

American Public Health Association: Officers of, Nov 115; Southern Branch, June 262.

American Red Cross: Booklet for schools, July 20.

American Social Hygiene Association: Poster, Jan 163.

American Vocational Association: Officers of, Feb 187.

American Youth Commission: Publications, Oct 89, Nov 111, Feb 181, Mar-Apr 212.

Appointments: Bigge, George Edmund, Sept 68; Daily, Edwin F., July 22; Dewson, Mary W., Sept 68; McLaughlin, Charles V., Jan 162; Webbink, Paul, Aug 47; Winant, John G., June 247.

Apprentice Training, Federal Committee on, Aug 27-30, Jan 159, June 246; publications, May 234.

Apprenticeship problem, facing (Beyer), Aug 27-30. *See also* Vocational guidance.

Arizona: Legislation re welfare department, Sept 65-66.

Arkansas: Legislation re welfare department, Sept 65-66; poliomyelitis, Nov 95-98.

Arnold, Mildred: Growth of child-welfare services in rural areas, July 3-6.

Artificial flower and feather industry, May 233.

Associated Country Women of World: Proceedings, June 264.

Association for Childhood Education: Bibliography, Oct 88; kindergarten centennial, July 20.

Atkinson, Mary Irene: Report to Advisory Committee on Community Child-welfare Services, May 226-228.

B

Better care for mothers and babies, conference on: Announced, Nov 116; program, Dec 135; report, Jan 141-146.

Beyer, Clara M.: Facing the apprenticeship problem, Aug 27-30.

Bibliographies: Books for young children, Oct 88; child-labor problems (CB), July 16; institutional care (CB), July 19; invitation to read, Feb 184; juvenile delinquency, Feb 183, and (CB) July 17; leisure-time education, Oct 88.

Birth certificates in New York City, Mar-Apr 210.

Birth rates, provisional, July 12.

Blackfan, Kenneth D.: Maternal and child-welfare program and task ahead, July 7-9.

Blessed event in the Smith family (cartoon), Mar-Apr 207.

Blue Ridge Institute, July 22, Dec 131.

Boys and Girls Week, Mar-Apr 214.

Brazil: Maternal and child-health work, Oct 77.

Brooklyn Children's Museum: Motion picture, June 263.

C

California: Legislation re welfare department, Sept 65-66; Pacific Mercado, Los Angeles, Sept 67; San Francisco Bay Exposition, Sept 67; San Francisco's community plan for child welfare, Oct 86.

Canada: Training projects for unemployed youth, July 16; welfare work in Montreal, July 19.

Cerebral-palsy project in New Jersey, Dec 125.

Charts: Delinquency cases, Sept supp 12; dependent and neglected children, Mar supp 4,5; employment certificates, June supp 11, 12; group work, Dec supp 4; hospital in-patient service, Sept supp 3; infant mortality, Sept 59; juvenile-court statistics, Sept supp 12; maternal mortality, Oct 72; maternity-home care, June supp 3,8,9; poliomyelitis cases, Nov 96,98; public health nursing visits, Sept supp 7; social service exchange statistics, Dec supp 8,9.

Child growth and development. *See also* Maternal, infant, and child health; Nutrition; School health.

  Book and periodical notes:

    Appraisal of Newborn Infant, by F.C. Dunham. CB Pub. 242. May 224.

    Constitution of Growing Child, Objective Ratings of, by T.W. Todd. May 225. *Per.*

    Development of Language and Vocabulary in Young Children, by H.M. Williams et al. Sept 55.

    Effect of Family Income on Child's Growth, by M.M. Eliot. Sept 61. *Per.*

    Examination of the Child, by J. Brennemann. Sept 61.

    Exceptional Child at Home and at School, by W. Richmond and J.E. Bentley. Nov 114.

108938 O—38—— :

Child growth and development—continued.
  Book and periodical notes—continued.
    Feeding Behavior of Infants, by A. Gesell and F.L. Ilg. Oct 79.
    Frequent Illness in Childhood, Physical Growth, and Final Size, by M.C. Hardy. June 257. *Per.*
    Growth of Public-School Children, Data on, by W.F. Dearborn et al. Mar-Apr 211.
    Healthy Growth, by M.C. Hardy and C.H. Hoefer. July 13.
    Psychologic Care During Infancy, by R.M. Bakwin. June 257. *Per.*
    Psychology of Early Growth, by A. Gesell and H. Thompson. June 257.
    Relation of Accelerated, Normal, and Retarded Puberty to Height and Weight of School Children, by H.G. Richey. Dec 127.
    Social Behavior and Child Personality, by L.B. Murphy. Dec 126.
    Social Recognition at Elementary School Age, by M.C. Hardy. Feb 185. *Per.*
  Physical fitness of school children (CB study), Mar-Apr 208.
  Rickets (CB study), Mar-Apr 208.
Child health. *See* Maternal, infant, and child health.
Child-health day, Oct 78, Mar-Apr 192-193.
Child labor, July 14-16, Aug 27-33, Sept 62-64, Oct 84-85, Nov 108-111, Dec 128-130, Jan 157-160, Feb 180-182, Mar-Apr 212, May 232-234, June 245-248. *See also* Apprenticeship; International Labor Office; Labor legislation; Labor standards, Bureau of; Migrants and their problems; Safety; Vocational guidance; Youth.
  Amendment: Kansas court decision, Oct 84-85; Kansas and Kentucky decisions to be reviewed, Mar-Apr 212.
  Bibliography on (CB), July 16.
  Book and periodical notes:
    Beet Workers on Relief in Weld County, Colo., by O.F. Larson. Jan 160.
    Child Labor as Relic of Dark Ages, by T. Ireland. Jan 160.
    Child Labor Facts—1938. National Child Labor Committee. Jan 160.
    Child Labor in Tiff Mines, by C.E. Gibbons. Jan 160.
    Control of Child Labor, by B. Putney. Aug 33. *Per.*
    Higiene de los Trabajadores, by A. Pruneda. Oct 85.
    Hours of Employment of Young Persons in Certain Unregulated Occupations. Home Office, London. July 15.
    Mui Tsai in Hong Kong and Malaya. Colonial Office, London. Oct 85.
    School Survival Rates, by E.M. Foster. June 248. *Per.*
    Technological Trends and National Policy. National Resources Committee. Sept 64.
    Trend of Child Labor 1927 to 1936, by E.A. Merritt. Feb 181. *Per.*
    United Cannery, Agricultural, Packing and Allied Workers of America, Official Proceedings, First National Convention of. Nov 111.
    Wages, Employment Conditions, and Welfare of Sugar-Beet Laborers, by E.S. Johnson. Mar-Apr 212. *Per.*
  Employment certificates, Aug 30, Sept supp 7,10, Dec 128-130, June supp 10-12.
  Fair Labor Standards Act passed, June 265.
  Foreign legislation: China, Oct 84, 85, Syrian Republic, July 15; Trinidad and Tobago, Nov 110.
  International standards raised, Sept 63.
  Legislation: Child-labor legislation in 1937, Aug 30-32; Connecticut, Aug 31,32; Federal, proposed, July 14; Florida, Aug 32; Illinois, Aug 32; Indiana, Aug 31,32; Massachusetts, Aug 30,32; New Hampshire, Aug 31; New York, Aug 31; North Carolina, Aug 30,31; Ohio, Aug 31; Oklahoma, Aug 30; Pennsylvania, Aug 30,32; South Carolina, July 14, Aug 30,31, Feb 187; Texas, Aug 32; Vermont, July 14, Aug 30,31; Wisconsin, Aug 31, Nov 109.
  Minimum age: South Carolina, July 14, Aug 30; North Carolina, Aug 30.
  Recommendations in Secretary's annual report, Feb 186-187.
  Recommendations of Fourth National Conference on Labor Legislation, Nov 108-109.
  Sugar-beet laborers, Sept 63, Jan 157-159; minimum wage for, May 233.
  Tobacco plantations: Connecticut, Sept 62-63.
  Trends of a decade, Dec 128-130.
Child Study Association, Oct 92.
Child welfare. *See* Child-welfare services under SSA; General child welfare.
Child Welfare League of America: Publications, Aug 46.
Child-welfare services under SSA: Alaska, Nov 101; conference (CB), Mar-Apr 203-204; Delaware, Jan 156; development of group activities in connection with (Cressy), Oct 82-83; District of Columbia, Sept 56-57; Indiana, July 3-6; medical services for dependent children (Griffin), Dec 121-122; North Carolina county, Aug 40-41; Oklahoma, Jan 155-156; plans approved for Mississippi and Rhode Island, Mar-Apr 207; report to Advisory Committee (Atkinson), May 226-228; rural areas (Arnold), July 3-6; Tennessee, Jan 156; Texas, Smith County unit, Mar-Apr 207; training programs, Feb 173; what is child-welfare service, June 253-254.
Child workers in Shanghai, Oct 84.
Childbirth can be made safer (Daily), Feb 171-173.
Children, books for:
  Book and periodical notes:
    Bibliography, Association for Childhood Education, Oct 88.
    Picture Scripts, Oct 88.
    Songs for Nursery School, by L.P. MacCarteney. Mar-Apr 213.
  Exhibit, Child Study Association, Oct 92.
Children born out of wedlock, CB study of, June 260. *See also* Unmarried mothers.
Children's Bureau: Adoption study (Colby), Mar-Apr 194-198; advisory committees, Dec 125, Mar-Apr 199-201, 203-204, June 249; Conference on Better Care for Mothers and Babies, Nov 116, Dec 135, Jan 141-146; Child Development, studies by Division of Research in, Mar-Apr 208-209; Crippled Children's Division studies, July 10; District of Columbia child-welfare program studied, July 11; housekeeper services, Nov 112, May 239; Industrial Division studies, May 232-233; Infant Care revised, June 255; juvenile-court statistics, Aug 46; professional and administrative staff, Mar-Apr 216-217; publications, Aug 46, Oct 88, Nov 113,114, May 224,231, June 255; radio programs, Oct 90, Nov 115; recommendations in Secretary's annual report, Feb 186-187; Social-Service Division studies, June 260-261; staff conferences, Mar-Apr 203-204.
Chile: Child and maternal welfare, June 256.
China: Child workers in Shanghai, Oct 84.
Civilian Conservation Corps, June 245.
Cleveland Child Health Association: Study of mouth hygiene, Dec 126.
Colby, Mary Ruth: Responsibility of State in child adoption, Mar-Apr 194-198.
Colorado: Crippled children, Sept 58; Las Animas County maternity demonstration unit, Feb 172; legislation re welfare department, Sept 65-66; poliomyelitis, Nov 95-98.
Commonwealth Fund: 1937 report, Feb 177; new grants by, June 255.
Compulsory school attendance legislation, Aug 30.
Conference calendar, July 23, Aug 47, Sept 68, Oct 92, Nov 116, Dec 134, Jan 164, Feb 188, Mar-Apr 215, May 241, June 265.

Conferences:
- American Congress on Obstetrics and Gynecology, May 222.
- American Legion Child-Welfare, Oct 88.
- American Public Health Association, Nov 115; Southern Branch, June 257.
- Better Care for Mothers and Babies (CB), Nov 116, Dec 135, Jan 141–146.
- Blue Ridge Institute, July 22.
- Central Authorities in Far-Eastern Countries, Java, Sept 55.
- Child-welfare Congress (Capetown), Feb 185.
- Child-welfare services (CB), Mar–Apr 203–204.
- Children's Museum, Nov 115.
- Crime Prevention, Mar–Apr 198.
- Crippled children, services for (CB), Mar–Apr 203.
- Family conservation, Feb 188.
- Housekeeper services (CB), Nov 112, May 239.
- International Association of Governmental Labor Officials, Sept 63.
- International Association of Industrial Accident Boards, July 16, June 248.
- International Congress for Protection of Childhood, Sept 68.
- International Labor, 247–248.
- International Management Congress, May 241.
- International Pediatric Congress, Sept 68.
- International Society for Crippled Children, Aug 42.
- Maternal and child-health directors (CB), Oct 83.
- National Conference of Jewish Social Welfare, July 22, Dec 131.
- National Conference of Social Work, July 22, June 262.
- National Conference on Labor Legislation, Nov 108–109, June 248.
- National Congress of Colored Parents and Teachers, Sept 53.
- National Health, June 255.
- National Probation Association, Mar–Apr 198.
- National Recreation Congress, Sept 53.
- National Silicosis, July 16.
- State and Territorial Health Officers, Mar–Apr 204.
- World Federation of Education Associations, Health Section, Mar–Apr 210.

Connecticut: Child-labor legislation, Aug 31; child labor on tobacco plantations, Sept 62–63; industrial home-work legislation, Aug 32.

Corbin, Hazel: Maternity care, Nov 102–103.

Cressy, Dorothy: Development of group activities in connection with child-welfare services in Lebanon, N.H., Oct 82–83.

Crippled children:
- Alaska, Nov 99–101.
- Book and periodical notes:
  - Central Council for Care of Crippled in England, report of. July 12.
  - International Society for Crippled Children, proceedings. Aug 42.
  - Medical Social Aspects Involved in Problems of Crippled Child, by M.W. Wagner. Aug 42. *Per.*
  - Orthopaedic Surgery, Handbook of, by A.R. Shands, Jr., and R.B. Raney. Sept 61.
  - Preventive Aspects of Crippling Diseases, by H.E. Hilleboe. May 230.
  - Public-Health Nurse and Orthopedic Nursing Care, by D.J. Carter. May 230.
  - Public-Health Nurse in Services for Crippled Children, Role of, by N. Deutsch. Aug 42. *Per.*
  - Social Component of Medicine, Investigation and Teaching in Field of, by G.R. Minot. Aug 42. *Per.*
  - Social Work and Physically Handicapped Child, by D. Buckner. May 230.
- England: Orthopedic nursing certificates in, July 12.
- New Jersey: Cerebral-palsy project in, Dec 125.
- Poliomyelitis, crippling effects of (Adams), Nov 93–98.

Crippled children—continued.
- Services under SSA: Alaska, Nov 100–101, conference (CB), Mar–Apr 203; discharge study (CB), July 10; extending services to crippled children, May 229–230; intake study (CB), July 10; report of Director of Crippled Children's Division (CB), Aug 37–39; responsibility for nonresident crippled children, Sept 58; Wisconsin, Oct 83, Jan 162.

Cruzada Pro-Infancia, Brazil, Oct 77.

D

Daily, Edwin F.: Appointment of, July 22; childbirth can be made safer, Feb 171–173; summary of State progress reports on maternal and child-health services, June 250–251.

Davies, Sarah Jane: Report on Oklahoma child-welfare services, Jan 155–156.

Deaths: Edgar F. Allen, Oct 91; Admiral Grayson, Feb 187; Hugh F. Kerwin, July 23; Joseph Lee, Dec 131.

Delaware: Child-welfare services, Jan 156.

Delinquency and its prevention:
- Advisory Committee on Training Schools for Socially Maladjusted Children, Mar–Apr 199–201.
- Bibliography (CB), July 17.
- Blue Ridge Institute, July 22, Dec 131.
- Book and periodical notes:
  - Annual Report of Juvenile Delinquents for 1936. Dominion Bureau of Statistics, Ottawa. July 18.
  - Coping with Crime. National Probation Association. Mar–Apr 198.
  - Crime Prevention. Buffalo Council of Social Agencies. Mar–Apr 198.
  - Criminological Research Bulletin, studies in progress. Feb 183.
  - Delinquent Child and Institution. New York State Department of Social Welfare. July 18.
  - Directory of Probation Officers in U.S. and Canada. National Probation Association. Jan 161.
  - *Federal Probation*, juvenile number of. June 261. *Per.*
  - Glenview-Hillcrest Problem. Cincinnati Bureau of Governmental Research. July 17.
  - Invitation to Read. Feb 184.
  - Juvenile-Court Cases in North Carolina. State Board of Charities and Public Welfare. July 19.
  - Later Criminal Careers, by S. Glueck and E. Glueck. Dec 132.
  - Maladjustment and Delinquency, New York report. Feb 183.
  - Nurse in Prevention of Delinquency, by G.L. Hastings. Oct 87. *Per.*
  - Responsibility of Schools for Prevention of Delinquency, by K.F. Lenroot. July 18. *Per.*
  - Schools and Delinquency, by V.H. Evjen. Feb 184. *Per.*
  - Sex Crimes and Law, by S. Glueck. Nov 113.
  - Social Treatment in Probation and Delinquency, by P.V. Young. Nov 113.
  - Social Treatment of Offender. *Social Service Review.* Sept 66.
  - State and National Correctional Institutions of U.S. and Canada. American Prison Association. Jan 161.
  - Statistics of Criminal and Other Offenses, 1936. Dominion Bureau of Statistics, Ottawa. Jan 161.
  - Study of 120 Well-Adjusted High-School Students, by D.A. Thom. July 19. *Per.*
  - Victorian Children's Courts, 1936, report on. Children's Court Office, Melbourne. Dec 133.
  - Youth in the Death Cell, by H.M. Shulman. Aug 46.
  - Youth in the Toils, by L.V. Harrison and P. McN. Grant. May 240.
- District of Columbia juvenile-court act, June 261.
- Federal juvenile-delinquency bill, June 261.

Delinquency and its prevention—continued.
  Juvenile-court statistics, Sept supp 11-12.
  Radio programs, Oct 90.
  Statistics available, Aug 46.
  Studies listed, Feb 183.
  Swedish legislation, July 17.
Denmark: Law on interrupting pregnancy, Dec 120; legitimacy and maintenance laws, Dec 120.
Dental Advisory Committee (CB), Dec 125.
Dental health: School programs, Dec 126.
Dental services, Dec 124, June 251.
Dentistry, postgraduate education in, June 251.
Dependent and neglected children: Volume and type of care provided, 1936, by public and private agencies, Mar supp 3-19. *See also* Socially handicapped children.
Dependent children in Sullivan Co., Ind., medical service for, Dec 121-122.
Diabetes in pregnancy and childhood, Nov 103-104.
Diphtheria, mortality from, Oct 76.
District of Columbia: Child-welfare program studied by CB, July 11; child-welfare services (Donahue), Sept 56-57; health survey, Mar-Apr 208; juvenile-court act, June 261; May Day broadcast to Nation (Mrs. Roosevelt), May 221-222; minimum age for marriage, new law on, Sept 53; minimum wage, July 16, Nov 109; neonatal and maternal deaths, CB study of, Mar-Apr 208.
Domestic servants, health examinations for, Aug 47.
Donahue, A. Madorah: Child-welfare services in District of Columbia, Sept 56-57.
Dunham, Ethel C.: Notes on current studies of Division of Research in Child Development (CB), Mar-Apr 208-209.

E

Education, Office of: International broadcast for school children, Mar-Apr 215; radio script exchange, Nov 115.
Eliot, Martha M.: Causes of maternal mortality, Oct 71-75.
Employment-certificate legislation, Aug 30.
Employment-certificate statistics, Sept supp 7,10, Dec 128-130, June supp 10-12.
England: Orthopedic-nursing certificates, July 12; young persons in unregulated occupations, July 15.
Epidemic diarrhea of the newborn, May 222-223.
Exhibits: Children's books, Oct 92; maternal and infant mortality (CB), Oct 74; Maternity Center Association, Oct 78; Women's National Exposition, Feb 188.

F

Facilities and resources for maternal care (results of CB questionnaire on), Jan 147-150.
Fair Labor Standards Act passed, June 265.
Family conservation conference, Feb 188.
Farm Security Administration: Publications, June 264.
Federal Committee on Apprentice Training, Aug 27-30, Jan 159, June 246.
Federal grants to States for maternal and child-welfare services, Feb 174-175. *See also* Social Security Act.
Federal Probation, Juvenile number of, June 261.
Finland: Maternity benefits, Nov 103.
Florida: Juvenile delinquency in Duval County, Dec 131; legislation re welfare department, Sept 65-66; Pan American exposition, Tampa, Sept 67; workmen's compensation legislation, minors under, Aug 32.
Foreign notes. *See also* International Labor Organization; League of Nations.
  Brazil: Maternal and child-health work, Oct 77.
  Canada: Training projects for unemployed youth, July 16; welfare work in Montreal, July 19.
  Chile: Maternal and child welfare, June 256; nutrition study, Feb 179.
  China: Child workers in Shanghai, Oct 84; mui tsai, Oct 85.
  Denmark: Law on interrupting pregnancy, Dec 120; legitimacy and maintenance laws, Dec 120.
  England: Orthopedic-nursing certificates, July 12; young persons in unregulated occupations, July 15.
  Finland: Maternity benefits, Nov 103.
  France: High Council for Child Welfare, Dec 120; youth hostels, July 20.
  India: Marriage age in French possessions, Nov 112.
  Italy: International congresses in Rome, Sept 68; youth exhibition in Rome, Aug 47.
  Mexico: Department of Social Aid to Children, Oct 78, June 256.
  Sweden: Juvenile delinquency, July 17; maternal and child-welfare legislation, July 17, Dec 119-120.
  Syrian Republic: Child-labor legislation, July 15.
  Tobago: Child-labor legislation, Nov 110.
  Trinidad: Child-labor legislation, Nov 110.
  Union of South Africa: Child-Welfare Congress in Capetown, Feb 185; Children's Act, Oct 86.
  Uruguay: Nutrition study, June 256; statue to Morquio, Mar-Apr 213.
  Venezuelan Child Congress, Jan 163.
  World Federation of Education Associations: Health Section report, Mar-Apr 210.
Foster-home care. *See* Socially handicapped children.
France: High Council for Child Welfare, Dec 120; youth hostels in, July 20.

G

General Advisory Committee on Maternal and Child-Welfare Services, June 249.
General child welfare, July 20-21, Sept 51-55, Oct 88-90, Nov 114, Feb 185, Mar-Apr 213, June 263-264. *See also* Child-welfare services; Group work; Parent education; Recreation; Youth and its problems.
  Book and periodical notes:
    American Pioneers in Social Welfare, Some, by E. Abbott. Sept 55.
    Family and Emotional Patterns, by J.S. Plant. Jan 161. *Per.*
    Memoria del VII Congreso Panamericano del Niño, 1935. Sept 55.
    Middletown in Transition, by R.S. Lynd and H.M. Lynd. July 21.
    Mothers of Britain. July 21. *Per.*
    Personality and Cultural Pattern, by J.S. Plant. Sept 54.
    Rich Land—Poor People. Farm Security Administration. June 264.
    Rural Trends in Depression Years, by E. de S. Brunner and I. Lorge. Oct 89.
    Social Problems and Social Welfare, by W.G. Beach and E.E. Walker. Oct 90.
    Songs and Pictures by a Child, edited by D. Bland. Nov 114.
  California: Children's Council in San Francisco, Oct 86.
  District of Columbia program studied by CB, July 11.
  Mexico: Department of Social Aid to Children, Oct 78, June 256.
  Sweden: Measures pending, July 17, Dec 119-120.
General Federation of Women's Clubs: Radio programs, Oct 90.
Georgia: Legislation re welfare department, Sept 65-66.
Glacier's edge, Nov 99-101.
Grayson, Cary Travers: Death of, Feb 187.

Great Britain. *See* England.

Griffin, Louise (and Fae Logan): Development of medical service for dependent children in Sullivan Co., Ind., Dec 121-122.

H

Hanna, Agnes K.: Current studies by Social-Service Division (CB), June 260-261.

Hawaii: Child-welfare plan approved, Aug 41.

Hayes, Clara E.: State and local personnel and services under maternal and child-health plans, Dec 123-124.

Hazard, Henry B.: Advisory Committee on Social Questions of the League of Nations, Sept 51-53.

Hazardous occupations, legislation on, Aug 31.

Health. *See* Child growth and development; Maternal, infant, and child health; Public health; School health.

Health conditions in Puerto Rico studied, Aug 43.

Health-education services under SSA, Dec 124. *See also* Public health; School health.

Health program, need for a national, Feb 176-177.

Heseltine, Marjorie M.: Nutritionist's place in maternal and child-health program, Feb 167-169.

Hilbert, Hortense (and H.H. Mitchell): Essentials for a well-rounded school-health program, Mar-Apr 205-206.

Hoey, Jane: Current developments in aid to dependent children, Oct 80-81.

Hospital in-patient service, Sept supp 3-6.

Hours of work, legislation on, Aug 30-31, Feb 187.

Housekeeper-service conference (CB), Nov 112, May 239.

I

Idaho: Legislation re welfare department, Sept 65-66.

Illinois: Chicago Maternity Center, Feb 172; crippled children's program, May 229-230; industrial home-work legislation, Aug 32; maternal mortality rate, Feb 171-173; nutritionists on maternal and child-health staff, Feb 169-170.

India: Marriage age in French possessions, Nov 112.

Indiana: Child-labor legislation, Aug 31,32; child-welfare services in rural areas, growth of (Arnold), July 3-6; legislation re welfare department, Sept 65-66; medical services for dependent children in Sullivan Co. (Griffin), Dec 121-122.

Industrial home work: National Conference on Labor Legislation, Nov 109; New York, May 233; progress in regulating, Aug 32.

Infant mortality: Charts available, Oct 78; District of Columbia (CB study), Mar-Apr 208; provisional rates, 1936, July 12; U.S., Sept 59-60. *See also* Maternal, infant, and child health; Maternal mortality.

Infantile paralysis, new foundation for, Oct 91. *See also* Poliomyelitis.

Interdepartmental Committee to Coordinate Health and Welfare Activities, Feb 176-177.

International Association of Governmental Labor Officials: Convention, Sept 63.

International child-labor standards raised, Sept 63.

International Congress for Protection of Childhood, Second, Sept 68.

International Labor Conference, Sept 63, June 247-248.

International Labor Office: Publications, Sept 64, Nov 110, 111, June 248.

International Management Congress, May 241.

International Pediatric Congress, Fourth, Sept 68.

International Society for Crippled Children, proceedings of, Aug 42.

Iowa: Legislation re welfare department, Sept 65-66.

Italy: International congresses in Rome, Sept 68; youth exhibition in Rome, Aug 47.

J

Junior placement, CB study of, May 232. *See also* Vocational guidance.

Juvenile-court act, District of Columbia, June 261.

Juvenile-court statistics, Sept supp 11-12.

Juvenile delinquency. *See* Delinquency and its prevention.

K

Kansas: Child-labor amendment, court decision, Oct 84, Mar-Apr 212; legislation re welfare department, Sept 65-66.

Kentucky: Child-labor amendment, court decision, Mar-Apr 212; legislation re welfare department, Sept 65-66.

Kerwin, Hugh L.: Death of, July 23.

Kindergarten centennial celebration, July 20.

L

Labor, Department of: Annual report of Secretary reviewed, Feb 186-187; Assistant Secretary, Oct 92, Jan 162; twenty-fifth anniversary, Jan 163, Mar-Apr 214.

Labor Legislation, Fourth National Conference on, Nov 108-109, June 248.

Labor Standards, Division of: New periodical, May 234; publications, July 16, Oct 85, June 248. *See also* Child labor.

League of Nations: Advisory Committee on Social Questions, Sept 51-53,55, Mar-Apr 199; Conference of Central Authorities in Far-Eastern Countries, Sept 55; publications, Sept 55, Nov 105. *See also* Foreign notes; General child welfare.

Lee, Joseph: Death of, Dec 131.

Legislation. *See also* Child labor; Foreign notes; Labor legislation.

  Federal: Apprenticeship, Aug 27-30; child labor (proposed), July 14; Fair Labor Standards Act, June 265; Juvenile-Delinquency Act, June 261; Sugar Act of 1937, Sept 63.

  State: Apprenticeship, Aug 29; minimum age for marriage, Sept 53; State and county welfare departments, Sept 65-66. *See also* Child-labor legislation.

Leisure time. *See* Recreation.

Lenroot, Katharine F.: Delegate to Venezuelan Child Congress, Jan 163.

Logan, Fae (and L. Griffin): Development of medical service for dependent children in Indiana, Dec 121-122.

Louisiana: Legislation re welfare department, Sept 65-66.

M

McConnell, Beatrice: Current studies by Industrial Division, May 232-233.

McGrady, Edward F.: Resignation of, Oct 92.

McLaughlin, Charles V.: Appointment of, Jan 162.

Maine: Nutritionists on maternal and child-health staff, Feb 169-170.

Maps: Aid to dependent children, Oct 80; employment-certificate statistics, Sept supp 7; juvenile-court statistics, Sept supp 11; mortality among Negro infants, Sept 59; poliomyelitis cases in U.S., Nov 97.

Marriage age, minimum legal: In French possessions in India, Nov 112; State legislation, Sept 53.

Maryland: Children born out of wedlock in Baltimore, CB study of, June 260.

Massachusetts: Compulsory school-attendance legislation, Aug 30; Department of Public Health publications, Nov 103, Feb 178, Mar-Apr 209; industrial home-work legislation, Aug 32; maternal mortality rate, Feb 171; nutritionists on maternal and child-health staff, Feb 169-170.

Maternal and child-health services under SSA: Alaska, Nov 99-101;

Maternal and child-health services under SSA—continued.
  bill to amend SSA, May 230; childbirth can be made safer (Daily), Feb 171-173; conference of State directors, Oct 83; Conference on Better Care for Mothers and Babies, Nov 116, Dec 135, Jan 141-146; joint report on (Underwood), June 252-253; nutrition services, Feb 167-170; Oklahoma cooperative health unit, Jan 151-153; preschool conferences in N. Dak., May 230; school-health program (Mitchell and Hilbert), Mar-Apr 205-206; State and local personnel and services (Hayes), Dec 123-124; State progress reports (Daily), June 250-251. *See also* Maternal, infant, and child health; Maternal care.
Maternal and child welfare: Chile, June 256; Sweden, legislation in, Dec 119-120.
Maternal and child-welfare services: Federal grants to States for, Feb 174-175; General Advisory Committee on, June 249; program and task ahead (Blackfan), July 7-9.
Maternal care: Conference on Better Care for Mothers and Babies, Nov 116, Dec 135, Jan 141-146; human side (Corbin), Nov 102-103; motion picture on birth of a baby, Dec 134; poll of public opinion on, Dec 125; questionnaire on, replies of State and Territorial Health Officers, Jan 147-150, Mar-Apr 202-203.
Maternal, infant, and child health, July 12-13, Aug 43-45, Sept 59-61, Oct 71-79, Nov 102-107, Dec 126-127, Jan 141-154, Feb 176-179, Mar-Apr 208-211, May 221-225, June 255-259. *See also* Child growth and development; Maternal mortality; School health.
  Book and periodical notes:
    Antenatal and Postnatal Care, by F.J. Browne. May 224.
    Antenatal Records for 5-Year Period, Analysis of, by H. Menzies. Oct 79. *Per.*
    Birth, Death, and Stillbirth Certificates, Revision of. Mar-Apr 211. *Per.*
    Births and Deaths, Registration of, by W.J.V. Deacon, July 13. *Per.*
    Causes of Stillbirth, by E.C. Dunham et al. May 224. *Per.*
    Compleat Pediatrician, by W.C. Davison. Mar-Apr 211.
    Epidemic Diarrhea of Newborn, by W.H. Best. May 222. *Per.*
    Epidemic Diarrhea of Newborn: I, by John L. Rice, et al; II, by S. Frant and H. Abramson; III, by S. Frant and H. Abramson. May 222. *Per.*
    Epidemic Diarrhea, an Outbreak in the Newborn, by M. Greenberg and B.M. Wronker. May 222. *Per.*
    Father's Doing Nicely, by D. Victor. May 224.
    Heart Disease in Childhood, by T.D. Jones. June 258.
    Heart Disease in Childhood, Public-Health Aspect of, by B. Schlesinger. June 258. *Per.*
    House of Mending Hearts. Irvington House. Feb 179.
    Improvements in Mortality Among Young and Old. Metropolitan Life Insurance Co. Aug 44.
    Infant and Maternal Mortality Among Negroes, by E.C. Tandy. Nov 105.
    Information for Expectant Mothers. Metropolitan Life Insurance Co. Feb 178.
    Irvington House, the First 10 Years, by R.H. Halsey. June 258.
    Maternal Care, by F.L. Adair. Jan 153.
    Maternal Deaths—Ways to Prevention, by I. Galdston. Nov 105.
    Maternal Mortality in Erie County, N.Y. Nov 104. *Per.*
    Measles and Whooping Cough, by H. Emerson. July 13. *Per.*
    Midwifery Services in Rural Areas. Associated Country Women of the World. Jan 154.
    Mountain Obstetrics, by J.H. Kooser. May 224. *Per.*
    Need for a National Health Program. Technical Committee on Medical Care. Feb 176.
    Obstetric Amnesia, Analgesia, and Anasthesia. July 13. *Per.*

Maternal, infant, and child health—continued.
  Book and periodical notes—continued.
    Ophthalmia Neonatorum as a Cause of Blindness, by E.C. Kerby. June 259. *Per.*
    Pediatric Dietetics, by N.T. Saxl. May 224.
    Poliomyelitis, Essential Features of, by T.C. Thompson. June 259. *Per.*
    Premature Infants, by W.W. Waddell et al. Aug 44. *Per.*
    Report of Investigation Into Maternal Mortality. Ministry of Health, London. Jan 153-154.
    Training of Student in Adequate Medical Care, by A.A. Bailey and H.G. Weiskotten. Feb 178. *Per.*
  Brazil, program in, Oct 77.
  Senator Wagner's resolution on health needs, May 223.
  Swedish centers, Dec 119-120.
  Syphilis tests on blood of pregnant women, May 223.
Maternal mortality: Causes of (Eliot), Oct 71-75; childbirth can be made safer (Daily), Feb 171-173; in District of Columbia (CB study), Mar-Apr 208. *See also* Maternal, infant, and child health.
Maternity benefits: Finland, Nov 103; Sweden, Dec 119-120.
Maternity Center Association: Exhibit, Oct 78; maternity care (Corbin), Nov 102-103; maternal mortality rate, Feb 172.
Maternity-home care, 1937, June supp 3-9.
May Day—Child Health Day, Mar-Apr 214; poster, Mar-Apr 192; report available, Oct 78; Mrs. Roosevelt's broadcast, May 221-222.
Measles, mortality from, Oct 76.
Medical social work: Study-course outline noted, July 11; with the unmarried mother, May 235-238.
Mentally deficient children, CB study of, June 261.
Mexico Department of Social Aid to Children, Oct 78, June 256.
Michigan: Legislation re welfare department, Sept 65-66; nutritionists on maternal and child-health staff, Feb 169; school health education institute, Mar-Apr 214; street trades in Detroit, CB study of, May 232-233.
Migrants and their problems, Aug 34-36.
  Book and periodical notes:
    Adapting Social Security and Relief Provisions to Needs of Migrant and Nonresident Persons and Families. Committee on Care of Transient and Homeless. May 239.
    After Five Years. Committee on Care of Transient and Homeless. Aug 36.
    House Trailer. American Municipal Association. Oct 90.
    Labor Migration Between States, by N.A. Tolles. Aug 34. *Per.*
    Migratory-Casual Worker, by J.N. Webb. Aug 36.
    Newcomers and Nomads in California, by W.T. Cross and D.E. Cross. Aug 36.
    Relationship Between School Drop-Outs and Boy Transiency, by G.E. Outland. Mar-Apr 212. *Per.*
    They Starve That We May Eat, by E.E. Lowry. June 248. *Per.*
    Transient and Homeless Population in Twelve Cities. Works Progress Administration. Aug 36.
    Transient and State Settlement Laws. Council of State Governments. May 239.
  Report on social problems of, summarized, Aug 34-36.
Minimum-age legislation, Aug 30.
Minimum wage: District of Columbia, July 16, Nov 109-110; Sugar-beet workers, May 233.
Mississippi: Child-welfare plan approved, Mar-Apr 207; crippled children, services to, May 229.
Missouri: Legislation re welfare department, Sept 65-66.
Mitchell, Harold M. (and H. Hilbert): Essentials for a well-rounded school-health program, Mar-Apr 205-206.
Montana: Legislation re welfare department, Sept 65-66.
Morquio, Dr. Luis: Statue dedicated to, Mar-Apr 213.

- Mortality from certain diseases prevalent during childhood, trends in (Tandy), Oct 75-77.
- Mortality rates, 1936, July 12. *See also* Infant mortality; Maternal mortality.
- Motion pictures: Birth of a baby, Dec 134; child explores his world, June 263.
- Mouth hygiene. *See* Dental health.

N

- National Conference of Jewish Social Welfare, July 22, Dec 131.
- National Conference of Social Work, July 22, June 262.
- National Conference on Labor Legislation, Nov 108-109.
- National Congress of Colored Parents and Teachers, Sept 53.
- National Congress of Parents and Teachers: Radio forum, Oct 90. *See also* Parent education.
- National Council of Catholic Women: Radio program, Feb 188.
- National Council of Parent Education, Oct 92. *See also* Parent education.
- National Education Association: Leisure-time education, Oct 88.
- National Health Conference called, June 255.
- National Health Council: Officers elected, Mar-Apr 209.
- National health program, Feb 176-177.
- National health survey, Feb 177.
- National Labor Standards Committee created, Mar-Apr 212.
- National Organization for Public Health Nursing: Publications, Nov 106.
- National Probation Association Yearbook, Mar-Apr 198.
- National Research Project: Publications, May 234.
- National Society for Prevention of Blindness, June 263.
- National Urban League: Vocational-opportunity campaign, Feb 187.
- National Youth Administration, June 246; publications, Nov 111.
- Nebraska: Legislation re welfare department, Sept 65-66; nonresident crippled children, Sept 58.
- Neglected children. *See* Dependent and neglected children.
- Negroes:
  - Book and periodical notes:
    - Educational Backgrounds of Transient Negro Boys, by G.E. Outland. Nov 113. *Per.*
    - Health Status and Health Education of Negroes in United States. Aug 44. *Per.*
    - National Congress of Colored Parents and Teachers, proceedings. Sept 53.
    - *National Educational Outlook Among Negroes* (new periodical). Oct 88.
  - Infant mortality in U.S., Sept 59-60.
  - Vocational-opportunity campaign, Feb 187.
- Neonatal mortality. *See* Infant mortality.
- Nevada: Legislation re welfare department, Sept 65-66.
- New Hampshire: Child-welfare services in Lebanon (Cressy), Oct 82-83; child-labor legislation, Aug 31.
- New Jersey: Cerebral-palsy project, Dec 125.
- New Mexico: Legislation re welfare department, Sept 65-66.
- New York: Birth and stillbirth certificates, New York City, Mar-Apr 210; child-labor legislation, Aug 31; industrial home-work order, May 233; legislation re welfare department, Sept 65-66; maladjustment and delinquency, New York City report on, Feb 183; maternal mortality rate, Feb 171; Maternity Center Association, Nov 102-103; nutritionists on State maternal and child-health staff, Feb 169-170; safety-education fellowships, June 265; School of Social Work summer session, Mar-Apr 215; syphilis postgraduate course offered, Jan 162; syphilis tests for pregnant women, May 223; World's Fair, Sept 67.
- North Carolina: Charlotte Maternity Clinic, Feb 172; child-labor legislation, Aug 30-32; county seen by child-welfare worker, Aug 40-41; Department of Labor report, Aug 33; Fourth Family Conservation Conference, Feb 188; health examination for domestic servants, Aug 47; nonresident crippled child, Sept 58.
- North Dakota: Preschool conferences, May 230.
- Nutrition:
  - Book and periodical notes:
    - Avitaminoses, by W.H. Eddy. Aug 45.
    - Diet During Pregnancy and Nursing Period, by H.M. Teel and B.S. Burke. Aug 45. *Per.*
    - Foundations of Nutrition, by M.S. Rose. Mar-Apr 211.
    - Human Nutrition and Diet, by W.R. Aykroyd. Nov 106.
    - International Campaign for Better Nutrition, by F.G. Boudreau. Aug 45. *Per.*
    - Malnutrition, A Crippling Process, by L.J. Roberts. Aug 45. *Per.*
    - Milk Problem, by H. C. Bendixen et al. Feb 179. *Per.*
    - Nutrition and Maintenance of Health, by A.F. Morgan. Feb 179. *Per.*
    - Nutritionist in Public-Health Program, Place of, by W.G. Smillie. Aug 45. *Per.*
    - Relation of Nutrition to Health, Agriculture, and Economic Policy. Mixed Committee of League of Nations. Nov 105.
    - Review of Recent Work on Dietary Requirements in Pregnancy and Lactation, by R.C. Garry and D. Stiven. July 12. *Per.*
    - What Mothers Want To Know About Child Nutrition, by D. Nicoll. Aug 45. *Per.*
  - Chile, Feb 179.
  - Services under SSA, Dec 124.
  - Uruguay, June 256.
- Nutritionist's place in maternal and child-health program (Heseltine), Feb 167-169.
- Nutritionists on State maternal and child-health staffs, services by, Feb 169-170.

O

- Obstetrics: Postgraduate education in, June 251.
- Obstetrics and Gynecology, American Congress on, May 222.
- Ohio: Child-labor legislation, Aug 31; Cincinnati schools for delinquent children, July 17; Cleveland Child Health Association, Dec 126, Feb 172; group-work institute, Mar-Apr 214; legislation re welfare department, Sept 65-66; nutritionists on maternal and child-health staff, Feb 169.
- Oklahoma: Child-welfare services in five-county demonstration area, Jan 155-156; compulsory school-attendance legislation, Aug 30; cooperative health unit news, Jan 162; health needs (Sweet), Jan 151-153; legislation re welfare department, Sept 65-66; Oklahoma City exposition, Sept 67; poliomyelitis, Nov 95-98.
- Orthopedic. *See* Crippled children.
- Orthopedic-nursing certificates in England, July 12.

P

- Pan American Congress, seventh, proceedings published. Sept 55.
- Parent education. *See also* General child welfare.
  - Adolescence, views on, July 20.
  - Award of best book of year for parents, June 265.
  - Book and periodical notes:
    - Are You Training Your Child To Be Happy? (CB, Spanish ed.). Nov 114.
    - Be Your Age, by M.B. Greenbie. June 264.
    - Childhood. Association for Childhood Education. Aug 44.
    - Fabrics and Designs for Children's Clothes. U.S. Department of Agriculture. Feb 185.
    - Family and Parent Education in Rural America. *Parent Education.* Oct 89.

Parent education—continued.
  Book and periodical notes—continued.
    Nursery School and Parent Education in Soviet Russia, by V. Fediaevsky and P.S. Hill. Nov 114.
    Nursery Years, by S. Isaacs. June 265.
    Sex Education, Step by Step in, by E.H. Swift. June 264.
    Wise Choice of Toys, by E. Kawin. Mar-Apr 213.
  Family-conservation conference, Feb 188.
  Regional conferences on, Oct 92.
Parents' Magazine: Awards for best books for parents, June 265; child-guidance broadcasts, Jan 162.
Paternity laws, CB study of, June 260.
Padiatrics: Postgraduate education in, June 251.
Pennsylvania: Child-labor legislation, Aug 30, 32; industrial home-work legislation, Aug 32; legislation re welfare department, Sept 65-66.
Photographs: Alaska, Nov 99-101; Brazil, child-health work in, Oct 77; migrant family, Aug 36; Oklahoma cooperative health unit, Jan 151-153.
Play. *See* Recreation.
Pneumonia, mortality from, Oct 76.
Poliomyelitis: Crippling effects of (Adams), Nov 95-98; new national foundation, Oct 91; Wisconsin convalescent center, Jan 162.
Posters: For every child the care he needs, July 4; May Day, 1938, Mar-Apr 192; safeguard baby's right to be born healthy, Jan 163.
Prematurely born infants (CB study), Mar-Apr 208. *See also* Maternal, infant, and child health.
Public health:
  Book and periodical notes:
    Assessment of Nutrition in School Children, by E.H. Wilkins. May 225. *Per.*
    Health Education Material for Teachers. National Education Association. Mar-Apr 209.
    Health Education of Public, by W.W. Bauer. Nov 107.
    Health of School Child. Chief Medical Officer, London. May 225.
    Health Under the "El," by C.-E.A. Winslow and S. Zimand. Oct 79.
    Home and School Cooperation for Health of School Children. National Education Association and American Medical Association. Dec 127.
    Hospital Service in U.S., 1938. American Medical Association. June 256. *Per.*
    Hospital Survey for New York, Report of. Vol. 2. United Hospital Fund. Sept 61.
    Hospitals for Rural Communities. U.S. Department of Agriculture. June 259.
    Physical and Health Education, by F.S. Stafford. Nov 107.
    Public-Welfare Agencias and Hospitals. American Public Welfare Association. Sept 60.
    Rural Health Practice, Review of, by H.S. Mustard. Sept 60.
    Safety and Health of School Child, by J.F. Rogers. Nov 107.
    School Health Problems, by L.B. Chenoweth and T.R. Selkirk. July 13.
    School Nursing, by M.E. Chayer. Feb 178.
    Statistical Reporting and Cost Computation in Public Health Nursing, Suggestions for. National Organization for Public Health Nursing. Nov 106.
    Twenty-Five Years of Health Progress, by L.I. Dublin and A.J. Lotka. Dec 127.
Public-health nursing: Advisory committee (CB), Dec 125; services and education, Dec 123; visits, Sept supp 6-7, 8-9. *See also* Crippled children; Maternal, infant, and child health; Public health; Social-security program for children.
Public Health Service: National health survey, Feb 177; syphilis folder, June 255.
Puerto Rico: Health conditions in, Aug 43.

R

Radio programs: Brave new world, Nov 115; child grows up, Nov 115; General Federation of Women's Clubs, Oct 90; health broadcasts, Sept 68; international broadcast on rheumatic heart disease, Mar-Apr 210; Junior Red Cross convention, Mar-Apr 215; juvenile-delinquency programs, Oct 90; National Council of Catholic Women, Feb 188; parent-teacher forum, Oct 90; parents' club of the air, Jan 162; your health, workbook guide, Nov 115.
Recreation:
  Bibliography, Oct 88.
  Book and periodical notes:
    Arts Workshop of Rural America, by M. Patten. Oct 89.
    Children's Play Center, by D.E.M. Gardner. Nov 114.
    Development of a Leisure-Time Program in Small Cities and Towns. U.S. Children's Bureau. Oct 89.
    Home Play and Play Equipment for Preschool Child. U.S. Children's Bureau. Oct 88.
    It's Time to Plan for Outdoor Play, by M. Holbrook. June 264. *Per.*
    Play and Recreation for Children and Adults, by C.M. Miles. Feb 184.
    Proceedings of National Recreation Congress. Sept 53.
  Play (illustration), May 235.
  Unemployed youth: Programs for, June 247.
Responsibility for nonresident crippled child, Sept 58.
Rhode Island: Child-welfare plan approved, Mar-Apr 207; minimum legal age for marriage, Sept 53; syphilis tests for pregnant women, May 223.
Rickets, CB study of, Mar-Apr 208.
Rockefeller Foundation: Review of work, June 263.
Roosevelt, President Franklin D.: National foundation for infantile paralysis, Oct 91.
Roosevelt, Mrs. Franklin D.: May Day broadcast to the Nation, May 221-222.

S

Safety education:
  Book and periodical notes:
    Accident Facts. National Safety Council, Sept 64.
    Accident Rates, 1936. National Safety Council, Sept 64.
    American Standard Safety Codes. Sept 64. *Per.*
    Fourth of July injuries, June 263.
    New York University fellowships, June 265.
Scarlet fever, mortality from, Oct 76.
School attendance, compulsory, Aug 30.
School health: Education institute, Mar-Apr 215; education service, Nov 115; mouth-hygiene programs, Dec 126; physical fitness of school children (CB study), Mar-Apr 208; program, essentials for a well-rounded (Mitchell and Hilbert), Mar-Apr 205-206. *See also* Child growth and development; Public health; Social-security program for children.
Social Security Act: Bill to amend, May 230; court decisions, July 10-11; Federal grants to States for maternal and child-welfare services under, Feb 174-175.
Social Security Board: Appointments, Sept 68; *Social Security Bulletin*, May 231.
Social-security program for children, July 3-11, Aug 37-42, Sept 56-58, Oct 80-83, Nov 95-101, Dec 121-125, Jan 140-156, Feb 167-175, Mar-Apr 202-207, May 226-231, June 249-254. *See also* Aid to dependent children; Crippled children, services for;

Social-security program for children—continued.
Maternal and child-health services; Public-health nursing.
Alaska, Nov 99-101.
Book and periodical notes:
Coordinator. Washington Department of Social Security, Olympia. Nov 112. *Per.*
Federal and State Cooperation in Maternal and Child-Welfare Services. U.S. Children's Bureau. May 231.
Maternal and Child-Health and Crippled Children's Programs, by O.A. Murray. Aug 42. *Per.*
Medical Social Aspects Involved in Problems of Crippled Child, by M.W. Wagner. Aug 42. *Per.*
Nursing Services for Mothers and Children, by Hortense Hilbert. Nov 107. *Per.*
Public-Health Nurse in Services for Crippled Children, by N. Deutsch. Aug 42. *Per.*
Relationship of Maternal and Child Health to General Health Program, by T. Parran. June 259. *Per.*
Social Security in America. Social Security Board. Sept 58.
Why Social Security? Social Security Board. Aug 42.
Status of plans, Aug 41.
Social service exchange statistics for 1935 and 1936, Dec supp 8-12.
Social Statistics: Supp no. 1, Sept (12 pp.); supp no. 2, Dec (12 pp.); supp no. 3, March (19 pp.); supp no. 4, June (12 pp.).
Social-work technique. *See also* Delinquency; General child welfare; Group work; Socially handicapped children.
Book and periodical notes:
Exploring Group Work. National Association for Study of Group Work. Feb 185.
Short Contact in Social Casework. National Association for Travelers Aid and Transient Service. Sept 54.
Social Work of the London Churches, by J.C. Pringle. Feb 184.
Social Work on Firing Line. *Survey Midmonthly.* June 263.
Social Workers and Fight on Syphilis, by M.F. Rappaport. Dec 132. *Per.*
Sound Record Systems for Group-Work Agencies, by E. d'Issertelle. Sept 55. *Per.*
Training of Student in What Is Involved in Adequate Medical Care, by A.A. Bailey and G.H. Weiskotten. Feb 178. *Per.*
What Social Workers Should Know About Illness and Physical Handicap. Family Welfare Association. Dec 132.
Russell Sage study of social-work interpretation, Mar-Apr 213.
Socially handicapped children, July 17-19, Aug 46, Sept 65-66, Oct 86-87, Nov 112-113, Dec 131-133, Jan 161, Feb 183-184, Mar-Apr 194-201, May 235-240, June 260-262. *See also* Dependent and neglected children.
Book and periodical notes:
Adoption, Legal Aspects of, by J.H. Ricks. Aug 46.
Adoption, Social Aspects of, by S.V.S. Theis. Aug 46.
Backward Child, by C. Burt. Oct 86.
Case-Work Programs in Day Nurseries. Child Welfare League of America. Aug 46
Child Guidance Procedures. Institute for Juvenile Research. Jan 161.
Child-Welfare Case Records, by W. Walker. Oct 87.
Child-Welfare Legislation, 1936. U.S. Children's Bureau. Sept 66.
Child-Welfare Legislation in Maryland, 1634-1936, by E.J. O'Brien. May 240.
Foster Boarding Homes in Treatment of Problem Children, Use of, by M.J. Fritsch. Aug 46.
Healthful Housing, Basic Principles of. American Public Health Association. June 262.
Illegitimacy and Adoption, Interrelationship Between, by A.K. Hanna. Oct 87. *Per.*
Socially handicapped children—continued.
Book and periodical notes—continued.
Income of 2,647 Mothers' Assistance Fund Families, Source of, by R.C. Fletcher and K.A. Biehl. Nov 113. *Per.*
Manual Skills in Young Blind Child, Importance of Developing, by H.M. Drake. July 18. *Per.*
Public Child-Welfare Program in District of Columbia. U.S. Children's Bureau. July 11, May 240.
Racial and National Minorities, by F.J. Brown and J.S. Roucek. June 262.
State Services for Children in New York, Historical Summary of. U.S. Children's Bureau. Nov 113.
State Services for Children in Ohio, Historical Summary Summary of. U.S. Children's Bureau. Aug 46.
Trends in Child Care. Oregon Child Welfare Commission. July 18.
Trends in Relief Expenditures, 1910-35. Works Progress Administration. June 262.
Trouble I've Seen, by M. Gellhorn. July 18.
Unmarried Mother, Planning for, by M. Embry. Aug 46.
Visiting Housekeeper Services in New York City. Welfare Council of New York City. Oct 87.
Welfare Work in Montreal, 1936. Montreal Financial Federation. July 19.
Children's act, Union of South Africa, Oct 86.
Children's council of San Francisco, Oct 86.
Dependent and neglected children, Mar supp 3-19.
South Africa: Child-welfare Congress in Capetown, Feb 185; laws for protection of children, Oct 86.
South Carolina: Child-labor legislation, Aug 30; child-welfare plan approved, Aug 41; compulsory school-attendance legislation, Aug 30; 40-hour week in textile mills, Feb 187; legislation re welfare department, Sept 65-66; night-work legislation, Aug 31; sixteen-year minimum age, July 14.
South Dakota: Legislation re welfare department, Sept 65-66.
Speed children on road to health, Mar-Apr 192-193.
Stanford education conferences, May 241.
State and Provincial Health Authorities of North America: Report on maternal and child health, June 252-253.
State and Territorial Health Officers: Conference (CB), Mar-Apr 204; replies to questionnaire on maternal care, Jan 147-150, Mar-Apr 202-203; report on maternal and child health, June 252-253.
Stillbirth: Causes of (CB study), Mar-Apr 209; certificates in New York City, Mar-Apr 210.
Street trades: Detroit study of (CB), May 232-233; legislation, Aug 31.
Sugar Act of 1937, Sept 63.
Sugar-beet workers: Family income and living conditions, Jan 157-159; minimum wage, May 233.
Supreme Court decisions: Child-labor amendment to be reviewed, Mar-Apr 212; social security, July 10-11.
Sweden: Child-welfare measures pending, July 17; juvenile delinquents, new provision for, July 17; maternal and child-welfare legislation, Dec 119-120.
Sweet, Lewis K.: Health needs of northeastern Oklahoma, Jan 151-153.
Syphilis: New York University course on, Jan 162; poster, Jan 163; Public Health Service folder, June 255; tests for, on blood of pregnant women, May 229.
Syrian Republic: Child-labor regulations, July 15.

T

Tandy, Elizabeth C.: Trends in mortality from certain diseases prevalent during childhood, Oct 75-77.

Technical Committee on Medical Care: Report issued, Feb 176-177.
Tennessee: Child-welfare services, Jan 156; Gibson County maternity nursing service, Feb 172; legislation re welfare department, Sept 65-66; minimum age for marriage, Sept 53.
Texas: Industrial home-work legislation, Aug 32; legislation re welfare department, Sept 65-66; new child-welfare unit, Mar-Apr 207; poliomyelitis, Nov 95-98.
Tobacco plantations: Child labor in Connecticut, Sept 62-63.
Tobago: Child-labor legislation, Nov 110.
Training Schools for Socially Maladjusted Children, CB Advisory Committee on, Mar-Apr 199-201.
Transients. *See* Migrants and their problems.
Trinidad: Child-labor legislation, Nov 110.

U

Underwood, Felix J.: Joint report on maternal and child health, June 252-253.
Unemployed youth in U.S., 1935-37, measures for, June 245-247.
Unmarried mothers: CB study of social services for, June 260; maternity-home care, June supp 3-9; medical social work with, May 235-238; in Sweden, payments to, Dec 119-120.
Uruguay: Nutrition work in, June 256; statue to Morquio dedicated in Montevideo, Mar-Apr 213.
Utah: Legislation re welfare department, Sept 65-66; nutritionists on maternal and child-health staff, Feb 169.

V

Venezuelan Child Congress, Jan 163.
Vermont: Child-labor legislation in 1937, Aug 30, 31.
Vocational guidance and junior placement:
  Book and periodical notes:
    Authorized Courses of Instruction for Unemployed Boys and Girls, Operation of the Scheme of. National Advisory Council for Juvenile Employment (England and Wales). Feb 182.
    Nursing and Registered Nurse. American Nurses' Association. Nov 110.
    Occupational Guidance, by P.W. Chapman. Oct 85.
    Putting National Plumbing Apprenticeship Standards To Work. Federal Committee on Apprentice Training. May 234.
    Technical and Vocational Education and Apprenticeship. International Labor Office. June 248.
    To Safeguard the Welfare of Apprentices. Hearings on H.R. 6205. Aug 33.
    Vocational Guidance, Handbook of, by C.A. Oakley and A. Macrae. Aug 33.
    Vocational Guidance Throughout the World, by F.J. Keller and M. Viteles. Aug 33.
    What We Have Learned About Junior Placement, by R. Ward. May 234. *Per.*
  Measures for, in U.S., June 246.
  Report of Advisory Committee on Education, Feb 180-181.
Vocational-opportunity campaign, Feb 187.
Vocational Service for Juniors: Publications, July 16, May 234.

W

Wagner resolution on health needs, May 223.
Washington, State of: Child-welfare program, Nov 112; legislation re welfare department, Sept 65-66; nutritionists on maternal and child-health staff, Feb 169.
West Virginia: Legislation re welfare department, Sept 65-66.
Whooping cough, mortality from, Oct 75.
Wisconsin: Child-labor law, Nov 109; crippled children convalescent center, Jan 162; orthopedic program, Oct 83; street-trades legislation, Aug 31.
Women's Bureau: Publication, Nov 111; *Woman Worker* issued, Mar-Apr 212.
Women's National Exposition exhibit, Feb 188.
Workmen's compensation laws, minors under, Aug 31-32.
Works Progress Administration: Publications, Nov 111, Feb 181, June 262.
World Federation of Education Associations: Report of Health Section, Mar-Apr 210.
World's Fair plans: Golden Gate International Exposition Commission, Sept 67; New York World's Fair Commission, Sept 67; Oklahoma City exposition, Sept 67; Pan American Exposition, Tampa, Sept 67; Pacific Mercado, Sept 67.
Wyoming: Legislation re welfare department, Sept 65-66.

Y

Young persons in unregulated occupations in Great Britain, July 15.
Youth and its problems. *See also* Delinquency; Vocational guidance.
  Book and periodical notes:
    Characteristics of Jewish Youth in New York City, by N.P. McGill. Feb 181-182. *Per.*
    Community Planning for Youth, by T.L. Reller. May 234.
    Employment Status of Persons 15-29 Years of Age. Michigan Census of Population and Employment. Jan 160.
    Grey Children, by J. Hanley. Feb 182.
    How Fare American Youth? by H.P. Rainey et al. Feb 181.
    Prospect for Youth. *Annals*. Jan 159.
    Surveys of Youth: Finding the Facts. American Youth Commission. Nov 111.
    Youngville, U.S.A. American Youth Congress. Sept 64.
    Youth: A World Problem. National Youth Administration. Nov 111.
    Youth at the Wheel, by J.J. Floherty. Mar-Apr 213.
    Youth in British Industry, by J. Gollan. Feb 182.
    Youth-Serving Organizations. American Youth Commission. Oct 89.
  Canadian training projects, July 16.
  Unemployed youth, measures for, June 245-247.
Youth exhibition in Rome, Aug 47.
Youth hostels in France, July 20.

THE

Child

Monthly News Summary

JULY

1937

Volume 2

Number 1

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD --- Monthly News Summary
Volume 2 July 1937 Number 1

CONTENTS

JUL 27 1937

SOCIAL-SECURITY PROGRAM FOR CHILDREN

Page

- The Growth of Child-Welfare Services in Rural Areas, by *Mildred Arnold* — 3
- The Maternal and Child-Welfare Program and the Task Ahead, by *Kenneth D. Blackfan* — 7
- The Crippled Children's Division Undertakes New Studies — 10
- Recent Social-Security Decisions — 10
- Research Notes — 11
  - DISTRICT OF COLUMBIA CHILD-WELFARE PROGRAM STUDIED
  - APPROVED STUDY COURSE FOR MEDICAL SOCIAL WORKERS

MATERNAL, INFANT, AND CHILD HEALTH

- Provisional Birth, Infant Mortality, and General Mortality Rates, 1936 — 12
- News Notes — 12
  - SCOTTISH PAPER ON NUTRITION DURING PREGNANCY REPRINTED
  - ORTHOPEDIC NURSING CERTIFICATE IN ENGLAND
- Book and Periodical Notes — 13

CHILD LABOR

- Child-Labor Legislation — 14
  - PROPOSED FEDERAL LEGISLATION
  - SIXTEEN-YEAR AGE MINIMUM IN SOUTH CAROLINA
  - VERMONT CHILD-LABOR LAW STRENGTHENED
- Young Persons in Unregulated Occupations in Great Britain — 15
- News and Research Notes — 16
  - DISTRICT OF COLUMBIA MINIMUM-WAGE BOARD APPOINTED
  - BIBLIOGRAPHY ON CHILD-LABOR PROBLEMS AVAILABLE
  - NEW PUBLICATIONS BY DIVISION OF LABOR STANDARDS
  - VOCATIONAL SERVICE FOR JUNIORS ISSUES 3-YEAR REPORT
  - TRAINING PROJECTS FOR UNEMPLOYED YOUTH IN CANADA

SOCIALLY HANDICAPPED CHILDREN

- Legislative Notes from Sweden — 17
- News and Research Notes — 17
  - CINCINNATI AND THE GLENVIEW-HILLCREST PROBLEM
  - WELFARE WORK IN MONTREAL, 1936
- Book and Periodical Notes — 18

GENERAL CHILD WELFARE

- Kindergarten Centennial Celebration, 1837-1937 — 20
- News and Reading Notes — 20
  - AMERICAN RED CROSS OFFERS BOOKLET FOR SCHOOL USE
  - PARENTS VIEWS ON PROBLEMS OF ADOLESCENTS
  - YOUTH HOSTELS IN FRANCE
- Book and Periodical Notes — 21

OF CURRENT INTEREST

- Blue Ridge Institute — 22
- National Conference of Social Work — 22
- National Conference of Jewish Social Welfare — 22
- Second International Congress for the Protection of Childhood — 22
- Hugh L. Kerwin — 23

CONFERENCE CALENDAR

For sale by the Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1.00 a year; postage additional outside the United States.

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 1 July 1937

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

THE GROWTH OF CHILD-WELFARE SERVICES IN RURAL AREAS [1]

BY MILDRED ARNOLD, DIRECTOR, CHILDREN'S DIVISION,
DEPARTMENT OF PUBLIC WELFARE, STATE OF INDIANA

One of the basic factors involved in the development of child-welfare services in rural areas is the necessity for awareness of the needs of children. Those of us who are working in these areas are confounded with the fact that in many communities there has apparently been a total unawareness that children, as individuals, exist and that they have certain needs which the community has a responsibility to provide. This realization is now coming for the first time and its impact is so startling that some communities are afraid to face it. In a meeting with a board of public welfare of a small rural county in Indiana, recently, where the director was anxious that his county be considered for special child-welfare services, the program for children was fully discussed. It opened such a vast and entirely new field to the board that the members were not even able to discuss it. The only conclusion they expressed at the time was that this whole public-welfare program was so immense they could not comprehend it. It soon became apparent that they were afraid that if their county developed special services for children in addition to their public-assistance program, the child-welfare worker would go into the highways and byways and bring to light problems that otherwise would lie dormant. It was several weeks before the members of the board could finally bring themselves to face the situation of the needs of children in their county. When they were able to do this, formal application for child-welfare services was made to the State Department of Public Welfare.

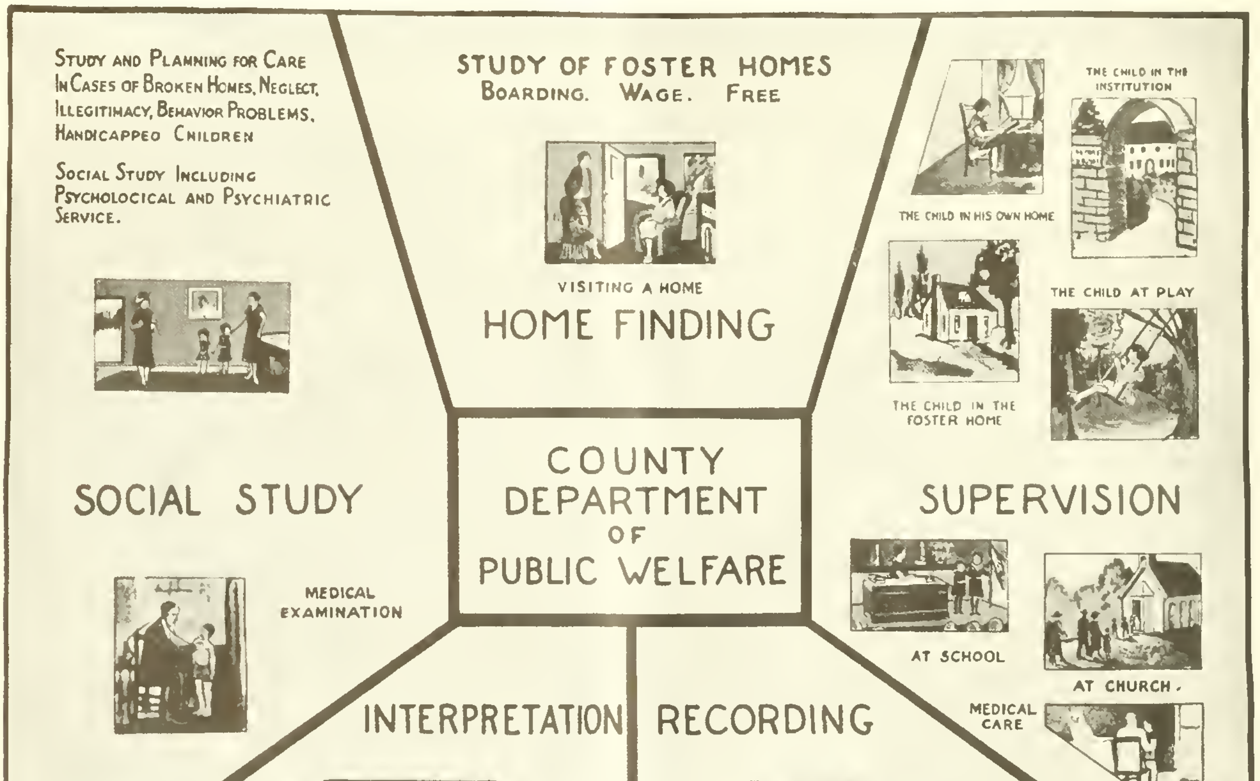
---

[1] Paper read at National Conference of Social Work, Indianapolis, May 1937.

Recently a director in one of the most rural and backward counties of the State said, "Until this welfare program was started, there was not a single person in our country who was thinking in terms of the child and his needs." When this awareness of need comes, services will follow and than we have the problem of developing the framework around which services in the rural area can be developed.

The area of the local unit to be developed and the functions it will have are of the greatest importance. The county seems to be the unit that is in greatest favor at the present time. However, a great deal more thought and study needs to go into the consideration of what the area for the local unit should be. Many of the rural counties are much too small to make a well-rounded public-welfare program feasible. Indiana, for instance, has 92 counties; one county has a population of only 3,000 and others, of only 5,000 or 6,000. There has been a tendency to make population the basis for many decisions, such as the salaries of directors, supervisors, and case workers, the number of employees in the county, and the types of positions. The result often is that the weakest staff and the poorest program have been developed in the counties having the largest number of problems and the greatest lack of facilities. Although the Public Welfare Act of Indiana allows the program to be developed on a district basis, the district to be comprised of several counties, no one has ventured to suggest that this be attempted. The Children's Division, in submitting its plan for child-welfare services to the Children's Bureau, outlined a district of three counties to be developed but, although the plan was accepted 10 months ago, no headway has been made to date in the development of such a district. As long as States

FOR EVERY CHILD THE CARE HE NEEDS


Study and Planning for Care In Cases of Broken Homes, Neglect, Illegitimacy, Behavior Problems, Handicapped Children
Social Study Including Psychological and Psychiatric Service.
SOCIAL STUDY
MEDICAL EXAMINATION
STUDY OF FOSTER HOMES
BOARDING. WAGE. FREE
VISITING A HOME
HOME FINDING
COUNTY DEPARTMENT OF PUBLIC WELFARE
THE CHILD IN HIS OWN HOME
THE CHILD IN THE INSTITUTION
THE CHILD IN THE FOSTER HOME
THE CHILD AT PLAY
SUPERVISION
AT SCHOOL
AT CHURCH.
MEDICAL CARE
INTERPRETATION
RECORDING

Indiana State Department of Public Welfare remain "county minded," as they are at the present time, we shall probably see the public-welfare program continue to be developed on the county basis, but we shall have to make up our minds that many of the small rural counties will not have the kind of program that we should like to see.

In the small rural area the local unit must have comprehensive functions. It must be able to serve children regardless of what the specific need happens to be and must be able to develop facilities to meet those needs. I am convinced that a public-welfare service in rural areas can never be very successful if the relief functions are administered by one agency and the other functions by the local public-welfare unit. In Indiana relief is administered by the township trustees and there is constant conflict between their program and that of the county departments of public welfare. It is difficult for most of us to reconcile outselves to a situation in which a child must live on a dollar or two a week because his father happens to be without a job when, if one of his parents had died or become totally incapacitated or been continually absent from the home, he might have as much as $20 a month.

The local unit that is receiving Federal and State reimbursement can now do a great deal in keeping families together, safeguarding family ties, and providing for children in relatives' homes when separation is necessary. The local unit must also be able to safeguard family ties even when placement in foster care is needed. Indiana has been in a very sad plight with regard to the last-named function. Until recent legislation was passed, no child could be cared for away from his own home at public expense, in either an institution or a foster home, without having guardianship removed from the parents and having the child made a ward, of the court, county department of public welfare, or board of county commissioners. The Children's Division is now struggling with many serious and tragic situations, some of which can never be remedied, because guardianship has been removed from parents in order that the county might provide care for children away from their own homes. The recent passage of an amendment to the welfare act has helped the situation, but Indiana is still in need of child-welfare legislation which will allow the county departments of public welfare broad powers in relation to children, but which will safeguard these children and their parents by allowing guardianship to remain with the parents wherever possible.

The child in the rural area needs the services of the specialists--the physician, the psychologist, and the psychiatrist--quite as much as the child in the urban area, and the local unit should be able to make those services available to him. It is interesting to see how, with the beginning of insight into problems, and with resourcefulness on the part of child-welfare workers plus a small amount of money, hidden resources for special services can be brought to light. A small rural county recently has been able to make psychological services available to all children in need of them by using a samll amount of money in the welfare budget for child-welfare services and by making part-time use of a psychologist who is on the staff of one of the State institutions. Another county has made both psychological and psychiatric service available to its wards by using a psychologist who is on the faculty of a near-by university and a psychiatrist who has a private sanitarium. Many of these specialists, who will receive only a meager payment, are eager to start the services as they see this growing awareness of the needs of children in local communities. They are stimulated by the challenge of what can be done for these children in rural areas and are eager that their limited services be the beginnings of a State-wide child-guidance program.

The local public-welfare unit must be equipped to develop an all-around program in child welfare, which will provide protective service as well as assistance and will give the care and protection every child in need of special service requires.

The type of supervision to be given to the local public-welfare unit is of the utmost importance. There is still much to be learned concerning State supervision, but recent experiences have pointed out certain fundamentals. The State must be equipped to give intensive supervision to the local units and this supervision must include detailed controls. The State must be liberal in its interpretations and must recognize the value of long-time educational processes. It is the

State's responsibility to establish reasonable minimum standards below which the local unit will not be allowed to fall. It must provide an intensive program for in-service training. It must, above all, equip its staff with qualified persons selected solely on the basis of merit. These workers must be patient and long-suffering and must be able to adjust themselves to varying conditions in the local units. The type of supervision given to one local unit, particularly in these early stages of development, might be quite different from that given to another. In many of the smaller areas, where the plan for local supervisors on the county staff is not feasible, the State worker inevitably assumes local supervisory functions. She must often do case work, herself, as the first step in showing others how to do it.

In surveying small rural areas to see what are the possibilities for the adaptation of some of the more modern concepts in case-work treatment, many interesting problems come to light. We realize what a slow process it will be before many of these modern concepts are recognized and accepted. While the child-welfare worker will have a tendency to place greater emphasis on the psychological values in case-work treatment, the community will continue to place the greatest emphasis on the economic and moral values. There is still a strong feeling in many places that relief of poverty will contribute to its increase. A probation officer recently said, in commenting upon the new public-assistance program, that it was "just a Roman holiday for everybody." There is often found, also, a strong feeling that in helping those who have transgressed the moral codes of the community, an invitation is being extended to others for further transgressions. The attitudes of the community are closely tied up with its own social standards, its moral code, and its feeling that human behavior can best be controlled by "setting example," by discipline, punishment, and isolation. This feeling on the part of the public toward the group we serve is expressed forcibly by Gibran[2] when he says, "Oftentimes have I heard you speak of one who commits a wrong as though he were not one of you, but a stranger unto you and an intruder upon your world." This feeling is often found not only among lay groups and individuals but among members of the county welfare board, who control the policies and often the actual services given.

What are some of the characteristics that the child-welfare worker who has the tremendous responsibility for the development of this program and the solution of many of these problems must possess? She must have a pioneer spirit, which makes her love the conquest of difficulties, but at the same time, she must have the patience to build upon a solid foundation. She must have the ability to see the total program but not lose sight of specific objectives. She must be flexible and versatile, as the needs she is to meet will be many and varied. She must have the ability to make herself a part of the community life, as she will often go there as an alien. She must be sensitive to the feelings of the persons with whom she works. She must have the ability to transmit to the community her own attitude of tolerance, her understanding for the individual in his failures, and her faith in his possibilities for development. Her services must be placed on a broad base and she must be able to focus her attention on the entire field of human needs. Above all, she must be willing to forfeit any need for individual gratification.

I have made no pretense at being able to formulate a well-defined program for the development of child-welfare services in rural areas. I have instead merely set down some conclusions, drawn from experiences in attempting to develop the program in Indiana over a period of less than a year, and to set forth some problems, which have been concretely observed. The recognition and understanding of these problems may help to accelerate the development of the program here and elsewhere, and their solution will help us to reach the high goals for children that lie ahead.

---

[2] Gibran, Kahlil: The Prophet, p. 46. 1936.

THE MATERNAL AND CHILD-WELFARE PROGRAM AND THE TASK AHEAD[1]

BY KENNETH D. BLACKFAN, M.D.,
PROFESSOR OF PEDIATRICS, HARVARD UNIVERSITY MEDICAL SCHOOL

Physicians, by the nature of their daily work, are concerned with individuals. For the most part they have an opportunity to influence parents in regard to child health only as parents seek professional service for their children. It has been a main task of the Children's Bureau to serve as a medium by which medical knowledge and the results of clinical and laboratory research can be translated into terms within the understanding of the average parent and disseminated widely throughout the country. These accomplishments are fruits of the collaboration of leaders of the medical profession with the agency of the Federal Government entrusted with responsibility for conserving the interests of the child—his physical, intellectual, emotional, and social well-being—and the opportunities which should constitute his American birthright.

The General Advisory Committee appointed to assist the Children's Bureau in the development of general policies for the administration of title V, parts 1, 2, and 3, of the Social Security Act, includes representatives not only of the professions of medicine, public-health nursing, and social work, but also of citizens associated in groups having among their objectives the advancement of the welfare of the child. Especially do we associate with us in extending our support to the Children's Bureau, Dr. Henry F. Helmholz, chairman of the Advisory Committee on Maternal and Child-Health Services, Dr. Fred L. Adair, chairman of the Subcommittee on Maternal Welfare, Dr. Albert H. Freiberg, chairman of the Advisory Committee on Services for Crippled Children, H. Ida Curry, chairman of the Advisory Committee on Community Child-Welfare Services, and Mrs. George B. Mangold, chairman of the Subcommittee on Participation of the Public.

Thus the threefold strength of the professional person, the administrator, and the interested public can be focused upon the problems on which the Bureau requests counsel and guidance.

During the past year and a half public attention has been directed increasingly toward the opportunities for maternal and child-welfare services afforded by the Social Security Act. Congress has now placed in the hands of the States the means for incorporating into practice much of the knowledge that we now have concerning the health and welfare of mothers and children. As the activities in the program move forward it must be borne in mind that constantly renewed efforts must be made to add to our basic knowledge and to put into effect our present knowledge if practice is to be maintained at a high level of effectiveness. Resources for investigation are doubly needed as resources become available for actual service, for research has been and must continue to be the foundation for advance in any field of public health or social welfare. It is fortunate that the Bureau is organized to carry on such work on the broad basis of a correlated approach to all the problems of childhood, in their economic, social, and medical aspects, and in relation to the inequalities which exist in our social, economic, and industrial life.

What the Social-Security Program for Children Is Doing

It is of more than passing interest that within 9 months of the time when funds became available, all 48 States, Alaska, Hawaii, and the District of Columbia were cooperating under the maternal and child-health sections of the act. This prompt action on the part of the States was due in no small degree to their experience gained during the period of existence of the Sheppard-Towner Act. In the crippled children's and the child-welfare programs, the States had new procedures to develop, new legal and administrative problems to work out. Forty-two States, Alaska, Hawaii, and the District of Columbia are now cooperating in the program of services for crippled children and 42 States [2] and the District of Columbia in that for child-welfare services.

---

[1] Remarks as chairman of the General Advisory Committee on Maternal and Child-Welfare Services of the Children's Bureau at the Twenty-fifth Anniversary Dinner of the Children's Bureau, Washington, April 8, 1937.

Under the maternal and child-health provisions of the act great impetus has been given to developing and extending facilities for prenatal and postnatal care, infant and child-health conferences, home visiting by public-health nurses, and school-health services. These types of work have been augmented and advanced very materially in quality of performance under State leadership. Policies of payment for clinical services of physicians, long since established in city child-health work, have been applied to work in rural and semirural areas in many States. Activities in the field of nutrition, dental care, and health education are being extended rapidly.

To make a beginning in remedying the deficiency in the training of our physicians, many States have inaugurated under their new plans postgraduate lecture courses in obstetrics or pediatrics, or in both, for general practitioners, arranged in cooperation with the local medical organizations. So far the effort has been largely to take these courses to the physicians in their own communities and to arrange them so that it is relatively easy for practitioners to attend. The response has been enthusiastic. Likewise, for the nurses engaged in this maternal and child-health program opportunities for formal postgraduate work have been provided, through assistance from the Public Health Service and the Children's Bureau.

The services for crippled children are making possible the development throughout the entire country of comprehensive programs for meeting the medical and social needs of these most appealing children--numbering, it is estimated, from 300,000 to 500,000. The heart of the program is represented by its provisions for medical, surgical, and hospital care, but it is being related to the general public-health and social-work services, especially in their preventive and community aspects. Like the maternal and child-health program, the cooperative activities for crippled children afford a large field for developing sound relationships between the private practitioner and the public administrator.

The objective of the third part of the program coming under the administration of the Children's Bureau is to make available in the rural community or small town understanding and wise social treatment for the child who is confronted with problems too great for him or his family to solve unaided. Already some 250 child-welfare workers are serving local communities, cooperating with teachers, health workers, judges, relief and assistance workers, and parents in dealing with problems of neglect, illegitimacy, mental deficiency, and delinquency that have long been overlooked. Some 170 social workers on the staffs of State welfare departments are giving advisory, consultant, and supervisory service in the child-welfare program. The response on the part of officials and the public to the practical demonstrations of the value of social service in these situations is most encouraging. One of the chief difficulties in this, as in the other aspects of the program, is the limited supply of workers with the requisite training and experience. The Bureau of Public Assistance of the Social Security Board and the Children's Bureau are working closely together in the encouragement of unified State and local public-welfare programs under competent leadership, and are emphasizing the importance of maintaining adequate personnel standards and of providing educational opportunities for training of staff.

The Need for Expanded Maternal and Child-Health Program

Unfavorable conditions surrounding maternity and early infancy remain today, as they were 20 years ago, urgently in need of courageous and constructive attack.

During the past 20 years the maternal death rate has decreased but little; the rates for infants in the first month of life but little; if we consider the infant deaths during the first week or the first day, we find that essentially no decline in the rates has taken place. Reports of studies of maternal deaths indicate that half, and perhaps a larger proportion, might have been prevented had care been really adequate. The possibilities of saving the lives of infants who now die before or shortly after birth are equally great. These facts constitute a challenge and an obligation that cannot longer be put aside or evaded.

---

[2] Two additional States have since had child-welfare plans approved.

In the past most of our effort in this country has been directed toward providing facilities for prenatal care. In cities this has been done reasonably well, and in some places provision has been extended to include nursing care at time of delivery when requested by the physician or the family. In rural areas, however, facilities for prenatal care are still far from adequate though they are increasing steadily under the new State plans; postpartum care by nurses is being given in increasing amounts but it, too, is far from adequate. Nursing care at the time of delivery is still provided so seldom in rural and semirural areas as to be essentially lacking, although 10 States have actually begun in certain areas demonstration services of this kind.

For a large number of rural women hospital care is entirely inaccessible when it comes to meeting emergency obstetric needs. Moreover, resources available to the general practitioner for consultant obstetric or pediatric service are poorly distributed in rural and semirural areas and entirely inaccessible or lacking in many.

Almost a quarter of a million women were delivered during 1935 by so-called midwives and we all know the inadequacy of such service unless rendered by a well-trained group. An unknown number of women, actually probably many thousands (if we take the number reported to the Bureau of the Census as a basic figure), have no trained attendant at time of delivery. Many thousands of women face the experience of childbirth knowing that there is no money to pay for medical or nursing care for themselves or for their offspring.

Almost two million women are delivered by physicians annually. Many of the physicians who deliver these women are well trained in obstetrics and thoroughly understand the care of the newborn, but many have graduated from medical school with only a theoretical knowledge of obstetrics and have little or no practical clinical experience. Furthermore, we provide essentially no facilities for clinical postgraduate work in these fields. Is it any wonder that our maternal and neonatal mortality rates are still so high?

The need has been established fully for providing medical and nursing care during the maternity period for mothers for whom adequate care cannot be provided at family expense; for consultant obstetric and pediatric services; for emergency hospitalization; and for opportunities for postgraduate training for physicians and nurses in attendance at childbirth. It is known that the extension of facilities of this kind will save many thousands of lives. The General Advisory Committee on Maternal and Child-Welfare Services recommends further extension of the maternal and child-health work, especially in rural areas and in areas suffering from severe economic distress, through Federal cooperation with the States under title V, part 1, of the Social Security Act. These recommendations provide for increased maternity care and care of the newborn and for a program of educational training in these fields for physicians and nurses. In these undertakings, medical practice, public administration, and the lay public including parents themselves can be united in a great common undertaking, in which the interests of all can be duly protected.

To the Children's Bureau we bring a challenge for leadership. In its fulfillment we pledge our earnest support.

REPRINTS OF THIS ADDRESS AVAILABLE WHILE THE
SUPPLY LASTS FROM THE CHILDREN'S BUREAU, WASHINGTON, D.C.

THE CRIPPLED CHILDREN'S DIVISION UNDERTAKES NEW STUDIES

The Crippled Children's Division of the Children's Bureau is undertaking two studies in relation to the policies and procedures in the State programs for crippled children. One study is concerned with policies relating to "intake" or eligibility for care under the State program for crippled children. The other is concerned with the discharge procedures from hospitals where children have been treated. The purpose of the studies is to learn, by a sampling of State plans, the most satisfactory methods of intake and discharge and the extent to which medical and social factors are correlated in plans for crippled children. Only a limited number of States can be studied, so that work has been concentrated in the East and the Middle West and even then it may not be possible to accept all the invitations received from the directors of the crippled children's services in the various States.

The studies are being carried on by medical social workers. There are two supervisors, each with a staff of three assistants. One worker will be assigned to a State, and the supervisor will visit the State at frequent intervals to direct the study and to get an understanding, at first hand, of the working of the State plan. The medical social workers engaged in the study of discharge procedures are already in Virginia, New Jersey, and Michigan, and later will go to Minnesota, Alabama, and Kentucky. Plans are being completed for the intake study to be undertaken in New York, Tennessee, and Oklahoma, and requests from several other States are under consideration. In addition to conferences with the State officials responsible for the programs for crippled children, the State directors have arranged for visits by the medical social workers in the discharge study to many of the hospitals and convalescent homes where care is provided under the State program. Similarly, visits will be made to clinics, county courts, and county welfare units in the course of the intake study.

Consideration will be given in the intake study to the policies and procedures relative to acceptance or rejection of the individual for medical care. Effort will be made to evaluate the legal and administrative detail of eligibility as individualized by knowledge of the need for medical care, the family set up, income responsibilities, and attendant social problems. The effect on the practice of the private physician of standards of financial eligibility will be considered. Reactions of the patient and family to the handicap, procedures necessary to make medical care available, fear of examination, and therapeutic procedures will be reviewed.

In the discharge study particular attention will be paid to the availability of social information that would influence the doctor in making discharge plans. The methods used to insure a satisfactory social adjustment for the crippled child will be considered, as well as the means by which medical supervision is obtained after the child leaves the hospital. Study will be made of the use of convalescent care, either in institutions or through foster homes, in relation not only to the child's physical needs but also to the preparation of the crippled child to meet the social limitations imposed by his disability.

It is hoped that the material gathered in the studies will be helpful, after analysis, in the formulation of principles that the States may use in developing their own programs.

RECENT SOCIAL-SECURITY DECISIONS

On Monday, May 24, 1937, the United States Supreme Court in two cases, *Steward Machine Co.* v. *Davis* and *Helvering* v. *Davis*, sustained the old age benefits and unemployment-compensation provisions (titles II and III) of the Social Security Act, and the corresponding tax features of the act (titles VIII and IX) whereby revenue sufficient to support these programs is provided. The old age benefits provisions were sustained by a 7 to 2 vote, and the unemployment-compensation provisions by a 5 to 4 vote. On the same day the court upheld the Alabama Unemployment Compensation Act in two joint appeals, *Carmichael* v. *Southern Coal & Coke Co.* and *Carmichael* v. *Gulf States Paper Corp.*, by a 5 to 4 vote. This act was enacted for the purpose of providing for

State cooperation with the Federal Government in the unemployment-compensation program.

The provisions of the Social Security Act were assailed by its opponents, particularly on the ground that they invade the powers reserved by the Constitution to the States, and the unemployment-compensation provisions (titles III and IX) were attacked on the ground that their effect is to coerce the States into surrender of their sovereign powers.

The Court held that Congress may authorize the expenditure of Federal funds in aid of the "general welfare," and by implication that the taxes imposed by titles VII and IX of the act are within the power of Congress upon the ground that their purpose is to provide for the "general welfare." These decisions come as the conclusion to the historical argument, begun in the days of Hamilton and Madison over the effect of the "general welfare" clause of the Constitution (Art. 1, Sec. 8). The Court held that the inducement offered to the States by the unemployment-compensation provisions of the Act does not constitute coercion, but rather that it provides for appropriate cooperation between the Federal and State Governments toward a common and legitimate end.

The Alabama Unemployment Compensation Act, which had been held valid by the State Supreme Court under the State Constitution, was sustained by the United States Supreme Court under the Federal Constitution, on grounds consistent with the decisions in *Steward Machine Co.* v. *Davis* and *Helvering* v. *Davis*.

RESEARCH NOTES

District of Columbia child-welfare program studied

To assist the Board of Public Welfare of the District of Columbia in planning its child-welfare program, the Children's Bureau, at the request of the Board, in 1936 undertook a study of certain phases of the public child-welfare program of the District. This study has now been completed and the report, written by Emma O. Lundberg and entitled "The Public Child-Welfare Program in the District of Colubmia," will be printed in two parts. Part 1 is now available and copies may be obtained from the Children's Bureau while the supply lasts (Washington, 1937; 18 pp.). This part of the report is concerned with the legal and administrative foundations of the public child-caring agency, with the types of problems that come to the Child-Welfare Division of the Board of Public Welfare and through this division to the Industrial Home Schools, and with the relationship between the Board and the juvenile court, the two public agencies primarily concerned with children in need of care, protection, or correction. It contains the conclusions drawn from the study and recommendations for "next steps" in the public child-welfare program of the District of Columbia.

The second and more detailed part of the report will be printed separately.

* * * * *

Approved study course for medical social workers

The American Association of Medical Social Workers has prepared a statement entitled "Plan and outline for a special program of study for medical social workers in the Federal-State program for services for crippled children" (American Association of Medical Social Workers, Chicago, February 1, 1937, 8 pp. Mimeographed.). The course outlined covers a period of 12 weeks of graduate sutdy providing special medical information on orthopedic conditions, study of social factors involved in care of crippled children, and knowledge of the organization and administration of State and Federal departments of government and their interrelationships with special emphasis on social-security legislation.

MATERNAL, INFANT, AND CHILD HEALTH

PROVISIONAL BIRTH, INFANT MORTALITY, AND GENERAL MORTALITY RATES, 1936[1]

According to the provisional tabulations of the United States Bureau of the Census, issued during June 1937, there were 2,136,059 live births during 1936 as compared with 2,155,105 during 1935. The provisional birth rate for 1936 computed from these figures is 16.6 per 1,000 estimated population as compared with 16.9 in 1935. The rate for 1936 is approximately the same as that for 1933, which was the lowest that had ever been recorded.

The number of infant deaths, according to these provisional tabulations, was 121,525, an increase of 1,387 over 1935. These provisional figures give an infant mortality rate of 56.9, as compared with 55.7 in 1935. In 29 States and the District of Columbia the rates for 1936 were higher than those for 1935; in 19 States, lower. The greatest decreases in the rate occurred in New Mexico, North Dakota, New Hampshire, South Dakota, and Montana. The largest increases in the infant mortality rate were in the District of Columbia, West Virginia, and Vermont.

The preliminary tabulations for 1936 show 1,474,177 registered deaths in the United States. This figure indicates an increase of 81,425 over the number of deaths registered in 1935. In 43 States and the District of Columbia the number of deaths in 1936 was greater than in 1935. Only States of comparatively small population, Montana, New Hampshire, New Mexico, North Dakota, and South Dakota, showed decreases. The general death rate for the United States in 1936 was 11.5 per 1,000 population; in 1935 it was 10.9. The death rate for 1936 is the highest recorded for the death-registration area in the past 7 years.

* * *

NEWS NOTES

Scottish paper on nutrition during pregnancy reprinted The Children's Bureau now has available for distribution a limited number of reprints of "A review of recent work on dietary requirements in pregnancy and lactation with an attempt to assess human requirements," by R. C. Garry, D. Sc., and D. Stiven, Ph.D., D. Sc. This appeared originally in the April 1936 issue of *Nutrition Abstracts and Reveiws*, published by Aberdeen University Press, and was reviewed in The Child for February 1937 (p. 17).

Orthopedic-nursing certificates in England The Central Council for the Care of Cripples in England has decided to establish orthopedic-nursing certificates. These will be based on a uniform syllabus acceptable to orthopedic hospitals and will be awarded on the basis of examinations. This action was taken as the result of the final report of the Orthopedic Nursing Committee appointed in 1934 to investigate the advisability of establishing an orthopedic-nursing certificate. It is hoped that the first examination for the certificate will be held in November 1937. *Report of the Central Council for the Care of Cripples for 1936 (National Council for Maternity and Child Welfare). London. 31 pp.*

---

[1] Vital Statistics Special Reports, vol. 3, nos. 24, 23, and 22, issued June 16, 14, and 7, 1937.

BOOK AND PERIODICAL NOTES
(Maternal, Infant, and Child Health)

OBSTETRIC AMNESIA, ANALGESIA, AND ANESTHESIA; their relationship to sudden death in labor, by Thaddeus L. Montgomery, M.D. *Journal of the American Medical Association,* vol. 108, no. 20 (May 15, 1937), pp. 1679-1683.

Methods of obstetric amnesia, analgesia, and anesthesia were considered as possible factors in maternal deaths in a study covering maternal deaths in Philadelphia over a 5-year period. On the basis of records of death, the use of spinal anesthesia was condemned as dangerous in obstetric practice, and the use of barbituric-acid derivatives was found to be not free from danger.

The author found local anesthesia the least depressing of all methods, and well adapted for use in certain cases.

TESTS AND PROMOTION OF REGISTRATION OF BIRTHS AND DEATHS, by W.J.V. DEACON, M.D., D.P.H. *American Journal of Public Health,* vol. 27, no. 5 (May 1937), pp. 492-498.

Dr. Deacon, who is director of the Bureau of Records and Statistics of the Michigan State Department of Health, discusses in this paper some of the plans and methods of checking registration of births and deaths that have come to his knowledge and evaluates them with the object of developing a definite and comprehensive plan of checking registrations for use in State and local offices.

MEASLES AND WHOOPING COUGH, by Haven Emerson, M.D. Supplement to *American Journal of Public Health,* vol. 27, no. 6 (June 1937). 83 pp.

The incidence, fatality, and death rates from measles and whooping cough in 32 cities of the United States in relation to administrative procedures intended for their control are covered for the period 1924-33. The report was prepared for the Subcommittee on Evaluation of Administrative Practices, Committee on Administrative Practice, of the American Public Health Association.

Tentative suggestions are given for a better use of existing knowledge to reduce loss of life from measles and whooping cough by health-department procedures.

SCHOOL HEALTH PROBLEMS, by L. B. Chenoweth, M.D. and T. R. Selkirk, M.D. F. S. Crofts & Co., New York, 1937. 387 pp.

The purpose of this book is "to acquaint students of education, teachers in service, and others interested, with the broad general nature of health problems in schools." The book deals principally with the personal health of the school child and contains chapters on growth, physical examination of the child, communicable-disease control, visual and hearing defects, mental hygiene, special classes for handicapped children, physical education, and accident prevention. Dr. Richard Bolt has contributed a concluding chapter on school health administration.

The book contains many illustrations, graphs, and tables of interest to workers engaged in school health activities.

HEALTHY GROWTH: a study of the influence of health education on growth and development of school children, by Martha Crumpton Hardy, Ph.D., and Carolyn H. Hoefer. University of Chicago Press, Chicago, 1936. 360 pp. $3.50.

Healthy Growth is a report of a cooperative study of the influence of health education on growth and development of school children conducted since 1923 in the schools of Joliet, Ill., under the sponsorship of the Elizabeth McCormick Memorial Fund. In this volume the results from the study of the childhood period are presented, with particular emphasis on the influences of health conditions and health training on the growing child.

The investigation was confined to a group of 409 children in 12 public schools. Among the 409 children, 268 received an intensive course of health instruction, 37 received a limited amount of health instruction, and the remaining 104 served as a control group.

The report presents numerous charts and tables showing the influence of health instruction on the *whole* child over a period of years and discusses such pertinent topics as health practices, physical growth and development, mental growth, educational achievement, school progress, interests and attitudes, and behavior adjustments.

The authors conclude that specific classroom instruction, supplemented by periodic physical examinations with advice to the parent, is an effective method of health education for elementary-school children.

CHILD LABOR

CHILD-LABOR LEGISLATION

Proposed Federal legislation

Hearings on the Wheeler-Johnson and Barkley child-labor bills before the Senate Committee on Interstate Commerce were concluded May 20. The Committee on June 14 recommended that the Wheeler-Johnson bill (S.2226) as amended be passed.

Joint hearings before the Senate and House Labor Committees on the Black-Connery wages-and-hours bill, which includes child-labor provisions, began June 2. This bill prohibits the shipment in interstate commerce of products manufactured under "substandard labor conditions." The employment of children under 16, or of children 16 and 17 years of age in occupations declared particularly hazardous for them, is included in the definition of substandard labor conditions.

Sixteen-year age minimum in South Carolina

South Carolina revised its child-labor law in 1937, raising the minimum age for employment in any factory, mine, or textile establishment from 14 to 16 and also establishing a 16-year minimum age for employment during school hours in any gainful occupation except in domestic service, in private homes, and in farm work. Night work is prohibited between 8 p.m. and 5 a.m. for minors under 16. The Commissioner of Labor is charged with enforcement of the law and is given the right to enter and inspect all establishments where children are employed. *(Laws of 1937, Act No. 574, p. 445.)*

South Carolina likewise improved its school attendance law (Act No. 607, p. 479) by raising the upper age for compulsory school attendance from 14 to 16 and providing State aid for enforcement. Parents who are financially able are required to send children of school age (between 7 and 16) to school; an annual appropriation of $76,000 is authorized for distribution among the counties to provide the salary of a school-attendance official. A complete census of all children between 7 and 16 years of age not enrolled in school within 30 days after opening of school is authorized and the school attendance officials shall endeavor to have non-attending children attend school. If such children are unable to procure books, steps shall be taken by school trustees and the county superintendent of schools to provide the necessary books and working material. If the parents of such children cannot provide suitable clothing, the attendance official shall report the condition to social and civic organizations for appropriate action. If nonattendance is caused by the child's being gainfully employed and such employment is essential to the actual livelihood of the child or his parent, no penalty is imposed on the parent. The law does not apply to children who have completed the tenth grade.

Vermont child-labor law strengthened

Improvements in the Vermont law made in 1937 include the extension of the 14-year minimum age in factory and related work to cover also all occupations during school hours and the requirement of employment certificates for work in any gainful occupation during school hours (formerly such certificates were required for work at any time, but only in railroading, manufacturing, delivery work, and work in pool or billiard rooms or bowling alleys). The application of the 8-hour day, 6-day week, and 48-hour week, and the prohibition of night work between 7 p.m. and 6 a.m. for minors under 16 were also extended to cover the work of such minors in all occupations (formerly these provisions applied only to the occupations for which certificates were required). The evidence of age to be required before the issuance of a certificate is specifically listed (formerly the Commissioner of Labor had power to set up this standard by regulation). The list of hazardous occupations prohibited to minors under 16 is extended. The law fixing maximum hours of labor for minors 16 and 17 years of age and for women was amended to reduce the maximum 10½-hour day, 56-hour week for these workers in mines, quarries, and manufacturing and mechanical establishments to a 9-hour day and 50-hour week; in case of extraordinary emergency or extraordinary public requirement employers engaged in public service are exempt, and there are certain exemptions for telephone exchanges.

Decree of Syrian Republic regulates child labor

A legislative decree promulgated by the President of the Syrian Republic in June 1936 and approved by the High Commissioner of the French Republic the following month prohibits the employment of children under 13 years of age and regulates the employment of children between 13 and 16 years of age.

This decree, which also regulates the employment of women, repeals the provisions of a previous order issued in July 1930. *Industrial and Labor Information, vol. 61, no. 11 (March 15, 1937), p. 338-339.*

YOUNG PERSONS IN UNREGULATED OCCUPATIONS IN GREAT BRITAIN

Young persons under 18 years of age employed in unregulated occupations in England, Scotland, and Wales were made the subject of a Parliamentary inquiry during 1936. The report of the investigating committee, appointed by the Home Office, with Alderman W. Byng Kenrick as chairman, was submitted in January 1937 and is now available. *Report of the Departmental Committee on the Hours of Employment of Young Persons in Certain Unregulated Occupations, H.M. Stationery Office, London, March 1937. 50 pp. Price, 9d. net.*

The inquiry covered young persons employed as "van boys, errand boys, messengers, porters or warehouse boys in connection with any commercial or industrial undertaking," or as page boys or attendants in any hotel or place of public entertainment. It was estimated that there may be as many as 125,000 young persons under 18 in these occupations.

Hearings were held at which 63 witnesses appeared, and a special investigation of the working hours of young persons employed in such capacity in connection with factories was made by four factory inspectors detailed for the purpose.

Van boys (employed on motor vehicles or wagons) formed the largest classification. It was found that many of these boys worked more than 48 hours a week, especially van boys for laundries, bakeries, and aerated water factories. In some cases other unsatisfactory conditions were found, such as irregular mealtimes, or early morning hours on bakery trucks.

Messenger boys for newspaper offices and cable and wireless companies were found to work late at night in many cases; in some instances boys working on a night shift finished work at 2 a.m. or later, although their average weekly hours were only 38½. Among page boys, elevator operators, and attendants in hotels and motion-picture theaters both long and late hours occurred frequently, and there was a tendency for working hours to be spread over a long period of the day. Of 8,417 page boys and attendants whose employment was investigated, no less than 7,030 were reported to be on duty more than 72 hours a week, including meal and rest intervals.

The report of the committee states that "regulation is necessary from two points of view, both to prevent employment for unduly long hours, and to ensure that hours of employment, whether or not they are excessive, are so arranged as not to deprive the young persons of reasonable facilities for recreation and further education."

It finds further that regulation of hours as recommended should not have any adverse effect on industry. The majority of the witnesses representing employers were prepared to accept regulation. It recommends that young persons employed in the occupations investigated in connection with factories, docks, and warehouses should be included in the new factory legislation now before Parliament; and that the remainder be brought within the scope of the Shops Act, 1934, subject to certain modifications.

NEWS AND READING NOTES

District of Columbia Minimum-Wage Board appointed

A Minimum-Wage Board of three members has been appointed to administer the District of Columbia Minimum-Wage Law for women and minors. This law has come into operation again as the result of the Supreme Court Decision in the case of *West Coast Hotel Company* v. *Ernest and Elsie Parrish*, March 29, 1937, reversing the 1923 decision of the Court in the Adkins Case, which held the District of Columbia Minimum-Wage Law invalid.

The members of the new board are John H. Hanna, head of the board of Capital Transit, as representative of the employers; Mrs. William Kittle, who has just concluded a 2-year term as president of the League of Women Voters, as representative of the Public; and Arthur L. Schoenthal, vice president of the Washington Building Trades Council, as representative of labor. July 1, 1937, has been set as the date on which the board will begin operations.

Bibliography on child-labor problams available

Selected Bibliography on Child Labor and Related Problems, prepared for limited free distribution by the Children's Bureau (Washington, May 1937; 3 pp. Mimeographed) contains general references and also references on special aspects of child labor such as street trades, caddying, industrial home work, accidents to minors, legal regulation of employment, and the child-labor amendment.

Vocational Service for Juniors issues three-year report

"Skylines Change But Youth Still Seeks Its Place in This Big City" runs the title of the three-year report of the Vocational Service for Juniors (122 East 25th St., New York) covering 1934, 1935, and 1936. The section on junior placement shows that there was a marked drop in 1935 both in the number of new registrants and in the number of times they renewed their applications. In 1936 the number of new registrations remained about the same as in 1935, but the number of renewals continued to fall.

Placements increased from 661 in 1934 and 717 in 1935 to 925 in 1936.

An analysis of the employers' orders shows that openings for skilled and semiskilled factory work rose from 9 percent of the job openings for boys and 36 percent of those for girls in 1934 to 26 and 53 percent respectively in 1936.

New publications by Division of Labor Standards

Two new publications issued by the Division of Labor Standards of the United States Department of Labor deal with recent conferences on industrial accidents and diseases. Discussion of Industrial Accidents and Diseases (Bulletin No. 10, Washington, 1937; 300 pp.) contains the proceedings of the 1936 Convention of the International Association of Industrial Accident Boards and Commissions, held in Topeka, Kans. The second, National Silicosis Conference (Bulletin No. 13, Washington, 1937; 56 pp.) contains a summary of reports submitted to the Secretary of Labor by conference committees at the second silicosis conference which was held in Washington on February 3, 1937.

The May 1937 issue of Survey of Labor-Law Administration (Washington, 17 pp.) contains current news on occupational-disease legislation, and also on apprenticeship legislation under consideration in Congress and home-work bills in State legislatures.

Training projects for unemployed youth in Canada

A sum of $1,000,000 has been provided in the estimates of the Dominion Department of Labor for the specific purpose of developing training projects for unemployed young persons in Canada. The Minister of Labor in explaining the purpose of this item in the House of Commons called attention to the problem presented by youth 18 to 25 years of age who have completed their schooling and have been obliged to seek employment under most unfavorable conditions. The sum provided is for the purpose of enabling the Dominion Government to cooperate with provincial governments in establishing training projects. These will be closely related to the basic industries of the Provinces, such as forestry and hard-rock mining. Training in some of the skilled trades, particularly in certain branches of the building industry, will be provided, and it is planned also that some provision may be made for training unemployed young women in certain types of work. *Labor Gazette (Ottawa), vol. 37, no. 4 (April 1937), pp. 414-415.*

SOCIALLY HANDICAPPED CHILDREN

LEGISLATIVE NOTES FROM SWEDEN

New provision for juvenile delinquents

Instead of being committed to penal institutions as heretofore, juvenile offenders between 15 and 18 years of age in Sweden, under a law enacted March 13, 1937, may now be placed under a special training régime in institutions to be established for that purpose. Existing institutions recognized as suitable may also be used. Separate institutions are to be provided for boys and girls.

Special training and supervision will be given to the young persons in these institutions, and they will be taught agriculture or trades. Discharge on parole is also permitted.

A system resembling probation, under which a young person may be kept under special supervision outside an institution, may be used upon decision of the authorities concerned.

The new law is applicable upon decision of the judge when the nature of the offense and the offender's personality, conduct, and circumstances of life are such that the training regime is considered desirable.

Child-Welfare measures pending in Sweden

Several child-welfare bills are pending in the national legislature of Sweden, and their early passage is expected. These bills aim to provide mothers' and orphans' pensions, maternity benefits to insured and noninsured women in larger amounts than at present, improved obstetric facilities, preventive health work for mothers and children, the employment by the Government of district midwives, instruction of deaf-mutes and feeble-minded children, and improvement of the work of kindergartens.

Svensk Författningssamling, Official collection of laws of Sweden, Stockholm, Nos. 74-80, 1937; Tidskrift for Barnavård och Ungdomsskydd, Stockholm, No. 2, 1937; and Svensk Fattigvårds och Barnavårds Tidning, Stockholm, No. 4, 1937.

NEWS AND RESEARCH NOTES

Cincinnati and the Glenview-Hillcrest problem

The reopening of the Glenview and Hillcrest schools for delinquent children is recommended in a report prepared by the Cincinnati Bureau of Governmental Research at the request of the Committee on Coordination and Cooperation in Hamilton County, Ohio, and the Board of Education of the City of Cincinnati (Report No. 72, Cincinnati Bureau of Governmental Research, Gwynne Bldg., Cincinnati, April 1937; 41 pp. Mimeographed. $1 plus postage). The schools, formerly operated by the Board of Education, were closed December 31, 1936, for financial reasons.

The report further recommends that a child-welfare board be appointed by the County Commissioners to administer all nonjudicial child-welfare activities, including the operation of Glenview and Hillcrest and of the Detention Home, and to carry on a broad program of preventive service and child care. It is pointed out that whenever it becomes possible to establish in Hamilton County a Department of Welfare, all the child-welfare work, now to be placed in charge of the child-welfare board, should be taken over by the Department, and administered in appropriate divisions or bureaus of that organization. The establishment of a county child-welfare board was recommended by the United States Children's Bureau in a study of Children's Aid and Child Care in Cincinnati and Hamilton County, published in 1935.

References on juvenile delinquency and institutional care available

A Supplementary List of References on Juvenile Delinquency, 1936-37, has been prepared by the Children's Bureau (Washington, May 1937; 5 pp. Mimeographed). This brings up to date previous lists of refer-

The number of cases of all types handled by the juvenile courts remained "remarkably uniform" throughout the period. The largest number of juvenile delinquency cases, 2,719, was handled in 1932 and the smallest number, 2,401, in 1931.

ANNUAL REPORT OF JUVENILE DELINQUENTS FOR THE YEAR ENDED SEPTEMBER 30, 1936. Judicial Statistics Branch, Dominion Bureau of Statistics, Ottawa, Canada, 1937. 30 pp.

This report shows a decrease of 7 percent in the number of cases brought before the juvenile courts of Canada during 1936 as compared with 1935. An increase of 3 percent in convictions for minor offenses and a decrease of 10 percent in convictions for major offenses is shown. Detailed tables are included giving some data for major and minor offenses by Provinces and judicial districts.

THE DELINQUENT CHILD AND THE INSTITUTION. New York State Department of Social Welfare, Division of Administration of State Institutions. Division Publication No. 3, Albany, 1937. 72 pp.

This is the third pamphlet of reprints issued by the New York State Department of Social Welfare, and makes available in convenient form a variety of useful material:

A Training Program for Workers With Delinquents and Criminals, by Anna E. King.

Recording the Progress of a Child in an Institution, by Leonard W. Mayo.

Processes in the Social Adjustments of the Delinquent, by James S. Owens.

The Institution's Approach to Discipline, by John A. Eisenhauser.

The Problem of Discipline in a Correctional School, by Clifford D. Ford.

Mental Hygiene and the Juvenile Delinquent, by Max Winsor, M.D.

Personality Tests and the Delinquent, by Willard F. Johnson.

Advisory Committee on Training Schools for Socially Maladjusted Children, by Elsa Castendyck.

THE RESPONSIBILITY OF THE SCHOOLS FOR THE PREVENTION OF DELINQUENCY, by Katharine F. Lenroot. *School Management*, May 1937, pp. 238, 256.

"The task of the school would . . . seem to include enrichment of school programs, extension and strengthening of health and social services, and closer cooperation with those agencies which are working with the child's home and with the community in the development of sound programs for prevention and treatment of conduct problems."

B. Children in Special Need

TRENDS IN CHILD CARE; ninth biennial report of the Child-Welfare Commission for the Biennial period ending June 30, 1936. Oregon Child Welfare Commission, Salem, 1937. 91 pp.

This report presents trends in children's work in Oregon, as shown by a comparison of statistics for 1936 with those of 1926. Among the subjects discussed are the number of children in care, disposition of children discharged from care; foster homes; adoption; informal transfer of custody; mothers' aid; and juvenile delinquency.

THE IMPORTANCE OF DEVELOPING MANUAL SKILLS IN THE YOUNG BLIND CHILD, by Helena M. Drake. *Training School Bulletin*, vol. 31, no. 2 (April 1937), pp. 21-26.

Practical suggestions are given for helping a blind baby to develop constructive play interests, to enlarge his ideas through carefully graded and repeated touch experiences, and to establish habits of self-reliance.

THE TROUBLE I'VE SEEN, by Martha Gellhorn. William Morrow & Co., New York, 1936. 306 pp. $2.50.

Miss Gellhorn sketches the slow impact of unemployment and relief upon individuals in various age groups whose situations are typical but whose characters are warmly and sympathetically individualized.

The story of "Jim" stresses the frustration of young folk unable to obtain either the training they need or suitable employment, or to achieve marriage on self-respecting terms.

Persons interested in work with children especially will find in "Ruby" much material for thought. This story describes a group of children among whom "relief" is the accepted mode of living and the various expedients to which they resorted to obtain money for ice-cream cones and roller skates.

ences on juvenile delinquency and covers four subjects: individualized treatment of conduct problems; juvenile courts and probation; institutional care of juvenile delinquents; and community organization for prevention of delinquency.

The Children's Bureau also has available a List of References on Institutional Care of Dependent Children (Washington, May 1937, 6 pp. Mimeographed.).

Welfare Work in Montreal, 1936 The fifteenth edition of Welfare Work in Montreal summarizes the annual reports for 1936 of the agencies in the Montreal Council of Social Agencies, Financial Federation, and Montreal School of Social Work (Montreal, 1937; 126 pp.). Anyone wishing to obtain a copy is asked to write to Financial Federation, Room 201, 1421 Atwater Ave., Montreal.

The agencies are grouped according to function--child care and protection, dependency and delinquency, education and recreation, and health.

BOOK AND PERIODICAL NOTES

A. Delinquency and Its Prevention

A STUDY OF ONE HUNDRED AND TWENTY WELL-ADJUSTED HIGH-SCHOOL STUDENTS, by Douglas A. Thom, M.D. et al. *Bulletin of the Massachusetts Department of Mental Diseases*, vol. 20 (October 1936). 106 pp.

Since numerous studies of maladjustment have not solved the problem of the causes of delinquency, Dr. Thom and his coworkers undertook the new approach of studying the causes of good adjustment. With the purpose in mind of collecting information regarding the background and experience of normal persons during their impressionable and formative years, the authors studied 120 students (57 boys and 63 girls) from the three upper classes in high school in two communities. The pupils studied were selected by the teachers as being notable for their good adjustment. It was thought that the students of this age group were old enough to have solved successfully many of the situations which have been found commonly associated with the beginnings of maladjustment in children.

The students were studied from the social, psychological, and psychiatric points of view. A strong correlation was found between certain social, economic, educational, and cultural aspects of an individual's family background, home life, personal relationships, and the stability of his personality make-up. Nevertheless, many exceptions to this broad generalization occurred, even in the small group studied, and the authors point out that these exceptional cases, where successful adjustment has apparently been attained in spite of adverse environment in some instances and limited intellectual endowment in others, "still present a problem which should issue a challenge to sociologist and psychiatrist."

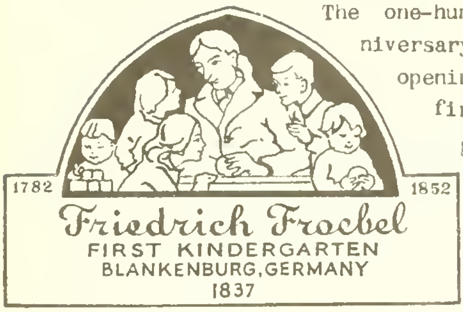
JUVENILE-COURT CASES IN NORTH CAROLINA 1929-34, by Wiley B. Sanders, Ph.D., and William C. Ezell, M.A. State Board of Charities and Public Welfare, Raleigh, N.C., 1937. 53 pp.

This study of juvenile-court cases was begun in October 1934 as a cooperative project of the School of Public Administration and the Institute for Research in Social Science of the University of North Carolina and the State Board of Charities and Public Welfare. It brings up to date an earlier statistical study of 23,000 cases before the county juvenile courts of North Carolina during the 10-year period 1919-29 and stresses again the need for centralized supervision of both city and county juvenile courts and for the periodic collection and tabulation of juvenile-court statistics on a State-wide basis.

Reports on 16,685 cases were received from 106 of the 108 juvenile courts in the State and cover the 5-year period July 1, 1929, through June 30, 1934. Statistical data are presented covering such items as type of case (delinquency, dependency, or neglect), race, sex, charge on which referred, recidivism, seasonal variations, and disposition of case.

GENERAL CHILD WELFARE

KINDERGARTEN CENTENNIAL CELEBRATION, 1837-1937



The one-hundredth anniversary of the opening of the first kindergarten, in Blankenburg, Germany in 1837, is being celebrated this year by the Association for Childhood Education. Local and Nation-wide programs will emphasize the development of the movement for childhood education abroad and in this country. The first kindergarten in the United States was opened in Watertown, Wisc., in 1856. It is hoped that the interest aroused by the centennial will focus attention upon the present and future needs of young children in this country and on the problem of how to meet these needs.

The Centennial Committee of the Association for Childhood Education (1201 Sixteenth St., N.W., Washington, D.C.) has prepared a series of leaflets, a seal from which the accompanying illustration was copied, and suggestions for exhibits, pageants, and radio programs. A brief historical study outline can also be obtained from the Association ("The Kindergarten Centennial, 1837-1937," 1937; 24 pp.; 15 cents).

NEWS AND READING NOTES

American Red Cross offers booklet for school use

In order to stimulate thinking and to assist schools in creating a widely diffused social intelligence among their pupils, the American Red Cross has reprinted in pamphlet form a series of articles which appeared in the *Junior Red Cross Journal* during the school year of 1936-37.

The title of the booklet, taken from an article by Edward D. Lynde, is "You Can't Help Unless You Know How" (American Red Cross, Washington, 1937; 67 pp.). The booklet includes an article on the public-health nurse by Lillian D. Wald, one on housing in cities and towns by John Ihlder; and on by Elizabeth Shirley Enochs on the social-security program for children administered by the Children's Bureau.

Parents' views on problems of adolescents

A series of symposiums on freedom and guidance for the adolescent by parents of children in the Horace Mann Schools and Lincoln School, connected with Teachers College, Columbia University, has been printed in pamphlet form. Parents and the Latch-Key (1936; 56 pp.) deals with children's friends and social life versus parental standards. Parents and the Automobile (1936; 64 pp.) takes up the parents' responsibility, the developing of a sense of responsibility in the young driver, and the cooperation of schools in teaching traffic safety and good driving. An earlier symposium, Parents and Purse Strings (59 pp.) appeared in 1934. These pamphlets can be obtained from the Bureau of Publications, Teachers College, Columbia University, New York (65 cents each).

Youth hostels in France

There are now some 400 youth hostels in France, according to an article by Marc Loge in the *Christian Science Monitor* (May 18, 1937, p. 8). These are for the most part conducted by two organizations, the Ligue Française des Auberges de la Jeunesse, founded by Marc Sangnier, sponsored by Protestant, Catholic, and Jewish dignitaries, and the newer Centre Laique des Auberges de la Jeunesse founded in 1933 under the auspices of the General Conferedation of Labor, the University Club, and certain teachers' organizations. The number of "auberges" conducted by the latter organization has increased from 5 in 1933 to more than 250 at the present time. Young persons of both sexes, from 16 to 30, without regard to nationality, creed, or political opinions, are welcomed at the hostels on presentation of their membership cards. Comfortable sleeping and cooking facilities are provided at low cost, and each hostel is under the supervision of a carefully chosen resident manager.

BOOK AND PERIODICAL NOTES

MIDDLETOWN IN TRANSITION; a study of cultural conflicts, by Robert S. Lynd and Helen Merrell Lynd. Harcourt, Brace & Co., New York, 1937. 601 pp. $5.

In revisiting Middletown in June 1935, 10 years after the end of the field work for their original study, "Middletown: a study in contemporary American culture," the Lynds state their purpose as follows:

"Here is an American city which had been the subject of 18 months of close study in 1924-25. During the following decade the conditions of its existence had been unexpectedly altered in a way which affected every aspect of its life. Its growing population had been tossed from prosperity beyond any experienced prior to 1925 to an equally unprecedented depression. The opportunity thus presented to analyze its life under the stress of specific interrupting stimuli, whose course can be traced, offered something analogous to an experimental situation."

The chapter on Making a Home includes discussion of trends in the rates of marriage and divorce, number of children per family, and the birth rate.

The chapter on Keeping Healthy notes the extension of free health services to needy school children, not all of them from families on relief, involving free milk, cod-liver oil, and in some cases hot lunches. It also notes that the supplementary feeding programs were to a large extent abandoned in 1934 and that "Middletown is not aware of having learned any permanent lessons regarding public and private health since 1929 or since 1925."

MOTHERS OF BRITAIN: ESTIMATES OF THEIR EFFICIENCY. *Charity Organization Quarterly*, vol. 11, no. 2 (April 1937), pp. 65-149.

In June 1933 an international congress was held on The Industrial Work of the Mother and the Working Home. Consideration of the conclusions reached led to plans for a second congress to be held in Paris June 21-28, 1937. In preparation for the congress questionnaires were sent to various groups of people representing social workers, physicians, persons engaged in intellectual work, and others, to collect information about the effect of work by mothers outside the home upon the family budget and the family health, the education of the children, the home atmosphere, child delinquency, and other matters. This issue of the *Quarterly* is devoted almost entirely to a resume of the material collected by family case-work societies of Great Britain.

* * * * *

Correction.--The publication, "I see by the papers" can be obtained from the Social Work Publicity Council of Chicago (203 North Wabash Ave., Chicago; price, $1) and not from the Illinois Emergency Relief Commission as stated in THE CHILD for May 1937, p. 22.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

OF CURRENT INTEREST

Appointment of Dr. Daily

The appointment of Edwin F. Daily, M.D., as director of the Division of Maternal and Child Health of the Children's Bureau has been approved by the Secretary of Labor. Dr. Daily was formerly a member of the faculty of the Department of Obstetrics and Gynecology of the University of Chicago and staff obstetrician of the Chicago Lying-In Hospital. He is also a diplomate of the American Board of Obstetrics and Gynecology. For the past year Dr. Daily has been the assistant director of the Maternal and Child Health Division of the Children's Bureau.

Blue Ridge Institute on prevention of juvenile delinquency

Organizing the community for the prevention of juvenile delinquency will be the subject of the eleventh session of the Blue Ridge Institute for Southern Social-Work Executives to be held in Blue Ridge, N.C., July 20-30, 1937.

The discussion will take place in four main committees--on case work, group work, health, and court and probation service. The final session will draw together the findings of the several functional committees.

Registrations should be made not later than July 15 with Bradley Buell, Community Chests and Councils, Inc., 155 East 44th St., New York. A fee of $5 should accompany the registration.

National Conference of Social Work

Meeting in Indianapolis, Ind., May 23-29, 1937, the sixty-fourth annual meeting of the National Conference of Social Work nominated Paul Kellogg, editor of the *Survey,* for president of the 1939 conference, which will be held in Buffalo.

The 1938 meeting, of which Solomon Lowenstein, executive vice-president of the Federation for the Support of Jewish Philanthropic Societies of New York City, was elected president, will be held in Seattle.

An account of the Indianapolis meetings, written by Gertrude Springer and Helen Cody Baker, appears in the *Midmonthly Survey* for June, 1937.

National Conference of Jewish Social Welfare

Harry Greenstein, director of the Associated Jewish Charities of Baltimore, was elected president of the National Conference of Jewish Welfare, which met in Indianapolis May 19-23, 1937.

Hugh L. Kerwin, Director of the United States Conciliation Service in the Department of Labor, died on June 10 after a brief illness. Mr. Kerwin had served in the Department of Labor for 24 years and as Director of the Conciliation Service since its establishment in 1917.

The Service has 36 commissioners of conciliation who serve as official observers in wage negotiations and in labor controversies not involving compulsory arbitration.

CONFERENCE CALENDAR

July 5-11	International Housing and Town-Planning Congress, Paris. Information: International Federation for Housing and Town Planning, 25 Bedford Row, London, W.C.1, England.
July 6-11	International Hospital Association. Fifth International Congress, Paris. Secretariat: 3, Av. Victoria, Paris.
July 12-16	American Dental Association. Atlantic City, N.J.
July 12-24	Pan-Pacific Women's Association. Fourth Pan-Pacific Women's Conference, Vancouver, Canada. Mrs. Edgerton Parsons, President, U. S. Mainland Committee, Pan-Pacific Women's Association, 130 Clinton St., New York.
July 13-16	Medical Women's International Association. Fifth Congress, Edinburgh.
July 19-22	Congrès International de la Protection de l'Enfance, Paris. Secretariat général: Association Internationale pour la Protection de l'Enfance, 67, avenue de la Toison-d'Or, Brussels, Belgium.
July 24-28	International Congress on Child Psychiatry. Paris.
July 29- Aug. 13	World Jamboree of Boy Scouts, Netherlands. Information: Activities Service, Boy Scouts of America, 2 Park Ave., New York.
Aug. 2-7	World Federation of Education Associations. Seventh World Conference, Tokyo, Japan.
Aug. 15-21	National Medical Association. St. Louis, Mo.
Aug. 29- Sept. 1	National Conference of Catholic Charities. St. Paul, Minn.
Aug. 31- Sept. 7	World Youth Conference. Under auspices of Federation of League of Nations Societies. Geneva.
Sept. 13-17	American Hospital Association. Atlantic City, N.J.
Sept. 23-26	Second International Congress for the Protection of Childhood. Rome, Italy.
Sept. 26-29	National Council of Catholic Women. Seventeenth annual convention, Washington, D.C. Sept. 28, special session on youth.
Sept. 27-30	Fourth International Pediatric Congress. Rome, Italy. Secretariat: Clinica Pediatrica, Policlinico, Rome.

THE CHILD

MONTHLY NEWS SUMMARY

◆

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

◆

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U S GOVERNMENT PRINTING OFFICE 1937

C-20

THE Child

Monthly News Summary

AUGUST
1937

Volume 2
Number 2

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD Monthly News Summary

Volume 2 August 1937 Number 2

CONTENTS

PAGE

CHILD LABOR

FACING THE APPRENTICESHIP PROBLEM, BY *Clara M. Beyer* - - - - - - 27
CHILD-LABOR LEGISLATION IN 1937 - - - - - - 30
PROGRESS IN REGULATING INDUSTRIAL HOME WORK - - - - - - 32
BOOK AND PERIODICAL NOTES - - - - - - 33

MIGRANTS AND THEIR PROBLEMS

REPORT ON SOCIAL PROBLEMS OF MIGRANTS AND THEIR FAMILIES SUMMARIZED - - - - - - 34
READING NOTES - - - - - - 36

THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

REPORT OF DIRECTOR OF CRIPPLED CHILDREN'S DIVISION OF THE CHILDREN'S BUREAU AS OF JUNE 1, 1937 - - - - - - 37
A NORTH CAROLINA COUNTY AS SEEN BY THE CHILD-WELFARE WORKER - - - - - - 40
STATUS OF SOCIAL-SECURITY PLANS 1937-38 - - - - - - 41
BOOK AND PERIODICAL NOTES - - - - - - 42

MATERNAL, INFANT, AND CHILD HEALTH

HEALTH CONDITIONS IN PUERTO RICO STUDIED - - - - - - 43
BOOK AND PERIODICAL NOTES - - - - - - 44

SOCIALLY HANDICAPPED CHILDREN

RESEARCH AND READING NOTES - - - - - - 46
  JUVENILE DELINQUENCY STATISTICS AVAILABLE
  CHILD-WELFARE LEAGUE ISSUES NEW LEAFLETS
BOOK AND PERIODICAL NOTES - - - - - - 46

OF CURRENT INTEREST

DIRECTOR APPOINTED FOR COMMITTEE ON SOCIAL SECURITY - - - - - - 47
HEALTH EXAMINATION FOR DOMESTIC SERVANTS IN NORTH CAROLINA - - - - - - 47
YOUTH EXHIBITION IN ROME - - - - - - 47
CONFERENCE CALENDAR - - - - - - 47

For sale by the Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1.00 a year; postage additional outside the United States.

✦

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 2 August 1937

CHILD LABOR

FACING THE APPRENTICESHIP PROBLEM

BY CLARA M. BEYER, CHAIRMAN,
FEDERAL COMMITTEE ON APPRENTICE TRAINING

The work of the Federal Committee on Apprentice Training is receiving wide and increasing support from employers and from organized labor. The Committee, comprising representatives of the United States Office of Education, the United States Department of Labor, the National Recovery Administration, employers, and labor, was appointed by the Secretary of Labor in 1934. Created to permit and encourage sound apprenticeship under NRA codes and to safeguard labor standards, the Committee was continued after the NRA codes became inoperative. Employers and organized labor, convinced of its usefulness, wanted the Committee's work to go on. In the summer of 1935 the Committee was transferred to the National Youth Administration, a member from that agency replacing the NRA representative.

Why Apprentice Training Has Been Neglected

The apprenticeship situation which the Committee has faced is nothing short of chaotic. Except for the praiseworthy efforts of a few employers and trade unions, very little apprentice training is being conducted. There is practically none on a national scale. For example, the census for 1930 showed that year only 92,000 youths under the age of 25 who could by any stretch of the imagination be called apprentices, while some 750,000 other youths were employed in some capacity in the skilled trades. There were 66 journeymen in the trade to each apprentice. And in 1936 the United States Office of Education reported 37,000 apprentices and estimated 126 journeymen to each apprentice.

One reason for the widespread neglect to train skilled workers was the large influx of skilled workers from abroad, which had relieved employers of the necessity of seriously considering training skilled workers for their industries. Our immigration from 1911 through 1936 included more than 1,670,000 skilled workers, about three-quarters of them coming by 1924. The immigration laws of 1924 practically closed the gates on immigration; and the emigration of skilled workers from 1932 to 1936 exceeded their immigration by 22,600. But the habit of looking abroad for skilled workers was not easily changed, and during the depression, when unemployed skilled workers were available in large numbers, apprenticeship was almost entirely suspended.

Neglect of apprenticeship training resulted also from the common belief that the automatic machine would make—and was making—the skilled worker unnecessary. It was not fair to ask young people to devote 2 to 6 years to training that would prove useless shortly after the apprenticeship was over. The young people themselves, sensing the current feeling about the future of the skilled trades, were apathetic to apprenticeship training. But highly complicated machines take highly skilled men to operate them and official figures show an increase—both numerically and in proportion to the total working population—

in the demand for skilled workers over the past 3 decades. And in the depression the skilled worker more frequently held his job or could secure and adapt himself to another one.

Present and Future Needs

However, an apprenticeship program depends upon factual information concerning the actual or prospective "shortage" of skilled labor. A number of employers not only are warning of an impending shortage, but are maintaining that a shortage already exists. The employee organizations are inclined to discount these statements, pointing to their own unemployed members to disprove them. The Federal Committee has made an informal study of the problem therefore and has arrived at the conclusion that both the employers and the employee organizations are right in their contentions. The conflict of opinion, we are convinced, comes from the widely diverging points of view as to what constitutes a "skilled workman." The employers who are stating that there is a shortage of skilled labor seem to mean a shortage of workmen who are skilled to the point of being "experts." On the other hand, there are undoubtedly "skilled" unemployed workmen who would need additional training or experience in the technical and related aspects of the trade to meet the employers' requirements. The only way to be assured of the facts concerning possible shortage or surplus of skilled labor at any time is through an occupational survey constantly kept up to date.

The problem facing the Committee involved more than determining the number of apprentices needed and placing new apprentices under agreement. Thousands of young persons already employed in the trades were not journeymen, but were not serving an apprenticeship. The Committee needed to explore the desire of these young workers to become skilled workers and their response to an apprenticeship training before proceeding to the problem of indenturing newcomers.

Basic Standards for Apprenticeship

The Committee views apprenticeship as training through carefully planned work--experience on the job, supplemented by related school experience. It should begin no earlier than the age of 16 and preferably at 17 or 18. It should be preceded by schooling at least to the last 2 years of high school. It should be all-round training to give understanding of the entire industry and all of its processes--not merely training in a single operation on one kind of machine, or in one shop. It should continue for not less than 2 years, and normally for 4 to 5 years. In certain instances it may profitably run to 6 years. The schooling should be related to the particular apprenticeship needs of the industry. The blacksmiths', bricklayers', or printers' apprentices would not be in the same class, but their class work--like their shop work--would be planned to fit their requirements.

The apprentice should be indentured and the contract should specify the length of time to be spent on each process. Labor standards must be checked at every turn of the road, since industry is set up for profits, not for training. For example, the apprentice's working time must include the hours spent in school if we are not to work the apprentice longer hours than we work the adult.

To assure proper standards requires the cooperation of employers and of labor. They have the practical knowledge of labor standards and can help to enforce them in the apprenticeship. They are the ones cooperatively to determine how many apprentices should be trained for the industry, so as to relate intake to the prospective demand for skilled workers in any given industry. They can determine how the apprentices are to be trained and can see to it that the training meets their practical requirements. They can cooperate in selecting apprentices. They can uphold standards through collective bargaining, for difficulties evaporate when both sides sit around the table and "talk it out."

Development of the Program Through Cooperation of Trade Groups and State Agencies

From the beginning the Committee has felt that its work depends upon the cooperation of the employer and employee groups and of the State agencies interested in problems related to apprenticeship. Its first job was promotional. It has built up cooperating State apprenticeship committees in 44 States. The State Committees usually comprise representatives of management and labor, the National Youth Administration, the State Department of Labor, the State Employment Service, and the State Department of Vocational Education. These agencies promote apprenticeship in the State under standards recommended by the Federal Committee, and assist the local committees in working out the details of their apprenticeship systems.

The local committees administer the actual apprenticeship systems. They decide, with the approval of the State committee, upon such matters as the need for apprentices, the ratio of apprentices to journeymen, the minimum age for beginning the apprenticeship, the hours of work, the scale of wages, and the amount of related instruction. Some 1,200 of these local committees are now functioning.

Development of National Standards

The cooperation of employer and employee groups has been similarly built up. The Federal Committee's field men and the cooperating State apprentice committees have done their work through direct contact with the employer and employee groups, who have the final word on establishing standards of apprenticeship for their trades. One of the most promising developments has been the creation of "national standards." National trade groups--employer and employee--in conjunction with the Federal Committee work out their common aims in apprenticeship, and devise uniform national apprenticeship standards to guide the industry in setting up local apprenticeship systems.

The first agreement of this kind between national trade groups in the history of the United States is embodied in the National Plumbing Standards. It declares the attitude of the trade towards apprenticeship and makes recommendations to the local trade groups on methods to be used in working out their apprenticeship systems. These plumbing standards have met with widespread and favorable reaction. As a result the painting industry has adopted similar standards, and leaders in other trades have requested the Federal Committee for assistance in working out standards for their industries.

The success of these standards depends, of course, on the extent to which they are put into operation in the various cities of the country. They are not simply glorified resolutions, for the plumbing industry has set up local apprenticeship committees to put these standards into operation in 53 cities, representing every section of the nation.

Legislative Developments

Developing State interest in apprenticeship resulted in a recommendation from the Third National Conference on Labor Legislation, held in 1936, that the Secretary of Labor appoint a committee to draft suggested standards for incorporation in State apprenticeship legislation. The committee appointed in accordance with this recommendation drafted a State voluntary apprenticeship bill. The proposed law sets up a "State apprenticeship council" within the State labor department.

Arkansas has passed the measure as drafted. Wisconsin and Oregon already have modern apprenticeship legislation. Other States are pushing strongly for similar laws. Pending the adoption of a law Indiana has worked out an "Indiana plan" through its Commissioner of Labor. The Indiana plan sets up an apprenticeship council under the Commissioner of Labor and follows closely the standards recommended by the Federal Committee and by the drafting committee appointed by the Secretary of Labor.

The standards essential for apprenticeship set up by the Committee in cooperation with outstanding management and labor organizations and with hundreds of individual authorities, are: that the apprentice must be indentured; that the contract specify the trade processes to be learned by the apprentice, with the length of time to be spent on each process, so that the apprentice is assured of thorough preparation in all the branches of the trade; that there be provision for related school instruction with courses and number of weekly hours specified; that there be a progressively increasing scale of wages, based upon a percentage of the journeyman's wage for the trade; that the contract specify the working conditions, including hours, wages, term of apprenticeship; that there be third-party approval of agreements; that management and labor be jointly responsible; and that there be a written agreement between the employer and the apprentice (or his parents or guardian if he is a minor) covering the other standards referred to above.

The President, in 1936, requested the transfer of the Committee on Apprentice Training from the National Youth Administration to the Department of Labor, suggesting that an appropriation to cover this activity be included in the Department's budget. The Subcommittee on Appropriations of the House of Representatives, although approving the promotion of labor standards in apprenticeship recommended special legislation by Congress.

Thereupon Representative Fitzgerald of Connecticut, Former Deputy Labor Commissioner of that State, in order to provide a permanent national approach to labor standards, introduced a bill to make the Committee on Apprentice Training permanent and to place it within the Department of Labor. The House and Senate passed the Fitzgerald Bill and, with the President's signature, the Committee is now ready to carry forward its work with assurance and greater vitality.

The Federal Committee's chief aim is to bring about uniformity in the training of apprentices. Then when the apprenticeship period is completed, there will be no question of the workers' ability to perform well any kind of work in the trade. All skilled workers will be actually and thoroughly skilled. But to achieve this result the program of promoting and coordinating apprentice training must go forward; and this is the program of the Federal Committee on Apprentice Training.

CHILD-LABOR LEGISLATION IN 1937

The upward trend in State child-labor standards, which was stimulated by the national minimum standards temporarily set under the NRA codes, has continued. A survey of legislation affecting child labor and compulsory school attendance enacted during 1937 up to the end of July indicates that definite advance has been made. Wisconsin passed legislation intended to curb some of the disadvantages to newspaper carriers and sellers inherent in the so-called "little-merchant system" used by publishers and news agencies in the distribution and sale of newspapers and magazines. North Carolina entirely revised its child-labor law, adopting standards which place it among the States with the best child-labor laws. A number of other States improved age and hour standards. In some instances this legislation regulating hours of work marks the first provision covering both boys and girls 16 and 17 years of age to be enacted in the State.

Some of the major advances which have marked the 1937 sessions are here summarized briefly.

Minimum Age and Employment Certificates

Two States adopted a 16-year minimum age, bringing up to 10 the number of States that have a basic standard equivalent to that set by the NRA codes. North Carolina and South Carolina both adopted a minimum age of 16 for factory employment at any time and for any work during school hours. For employment in nonfactory and nonmechanical work outside school hours in North Carolina, a minimum age of 14 is fixed and employment certificates are required to 18 instead of to 16 years. The South Carolina law set no minimum age for store or other nonfactory and nonprohibited employment outside school hours. Vermont, which had a 14-year minimum age for employment in factories, fixed this standard for work in any gainful occupation during school hours, thereby establishing for the first time in that State a minimum age for stores and other nonfactory work, although such minimum applies only during school hours. *N.C., Laws 1937, p. 1119; S.C., Laws 1937, Act 574; Vt., Laws 1937, p. 308.*

Compulsory School Attendance

Pennsylvania and South Carolina amended their compulsory school attendance requirements so as to accord with the 16-year minimum age established in these two States for full-time employment during school hours; South Carolina raised the upper age limit for compulsory school attendance from 14 to 16, and Pennsylavnia from 16 to 17 in the 1938-39 school year and 18 thereafter. Oklahoma passed a law requiring attendance of children of compulsory-school age for the entire term instead of for only two-thirds of the term and reduced from 8 to 7 years the age at which children are required to enter school. The Massachusetts Legislature authorized an investigation to be made relative to raising the age limit for compulsory school attendance. *Pa., Laws 1937, P.L. 1731 Act 478; S.C., Laws 1937, Act 607; Okla., Laws 1937, p. 507; Mass., Laws 1937, ch. 65.*

Hours of Work

Some advance was made in regulating hours of work for both minors under 16 and minors 16 years of age and over. North Carolina became the second State to establish a 40-hour week for minors under 16 in the occupations in which children under 16 are not prohibited from working; it already had an 8-hour day for minors under 16. This State also established a 9-hour day, 48-hour week for minors 16 and 17, this being the first legislation setting maximum hours for minors over 16 of both sexes in this State. Vermont reduced its 10½-hour day and 56-hour week for minors of 16 and 17 in factories to 9 hours a day, 50 hours a week, with exemptions. In New Hampshire the 10¼-hour day, 54-hour week for females and for minors under 18 in manual and mechanical labor in factories was reduced to 10 hours a day, 48 hours a week. Ohio extended its 8-hour day, 48-hour week for boys under 16 and girls under 18 in factories and other specified industrial and commercial occupations to boys under 18 and girls under 21 and in improving its standard of hours for women established a 45-hour week in manufacturing for all females. New York extended its 8-hour day, 48-hour week, 6-day week for boys 16 and 17 and for girls 16 and over to hotels and restaurants, although some exemptions are permitted. Night work is also prohibited in these employments. South Carolina in raising its minimum age to 16 in factories extended the night-work prohibition, which had formerly applied only in factories, to minors under 16 in all other occupations except agriculture and domestic service, work being prohibited between 8 p.m. and 5 a.m. Working-hour standards for females were improved in a number of States. *N.C., Laws 1937, p. 1119; Vt., Laws 1937, p. 253; N.H., Laws 1937, p. 49; Ohio, Laws 1937, p. 477; N.Y., Laws 1937, ch. 282; S.C., Laws 1937, Act 574; Conn., Laws 1937, ch. 153.*

Hazardous Occupations

The new North Carolina child-labor law prohibits the employment of minors under 18 in specified hazardous occupations and gives authority to the Labor Commissioner to prohibit other hazardous occupations for such minors. Connecticut raised the minimum age for work in specified hazardous employments from 16 to 18. In Indiana the minimum age for employment of boys in coal mines was raised from 16 to 18. *N.C., Laws 1937, p. 1119; Conn., Laws 1937, p. 327; Indiana, Laws 1937, p. 521.*

Street Trades

With recent years the so-called "little merchant system" has been increasingly used by publishers and news agencies in selling and distributing newspapers, displacing the former prevalent practice of employing boys or other persons for delivery purposes. The new system results in a number of disadvantages to the boys. The boy is required to enter into a contract for the distribution of the newspapers, under conditions therein set forth. Avoidance of responsibility under workmen's compensation laws in case the child is injured is usually sought through careful wording of these contracts, effort being made to avoid all appearance of an employer-employee relationship necessary for the application of these laws. Legal title to the paper passes to the child; the bad debts of customers are, therefore, shifted to him. In effect the boy is made, so far as possible, an independent contractor.

Wisconsin this year dealt with this growing problem by legislation. It amended its workmen's compensation law to provide that persons selling or distributing newspapers or magazines are employees under that act. Such person is deemed an employee of the agency or the publisher whose magazines or papers he sells or distributes, unless the agency or publisher can prove affirmatively that at the time of the injury the employee was not employed with actual or constructive knowledge of such employment. This State also revised the street-trade regulations in its child-labor law so as to provide expressly that any person selling or distributing newspapers or magazines is an employee and that the agency or publisher for whom he distributes or sells is his employer for the purposes of the act. Standards for work in street trades are raised in this act, the minimum age of 13 is set for boys instead of 12, badges are required for boys up to 18 instead of 17, and the employer is required to obtain work permits for the boys. Hours and night work are regulated, and the time spent by the boy in collections or solicitations is to be counted as part of his working hours. North Carolina likewise improved its standards for street-trades work, fixing a 14-year minimum age with exemptions, requiring certificates for boys up to 18 instead of 16, and improving the hours-of-labor standards. *Wis., Laws 1937, chs. 162 and 401; N.C., Laws 1937, p. 1119.*

Compensation for Minors Under Workmen's Compensation Acts

Continued progress was made in extending workmen's compensation to minors injured while illegally employed, 15 States now having such legislation. Florida was added to this list this year. It amended its workmen's compensation act to provide double compensation for such minors. Indiana, in passing a new act providing compensation for persons suffering from occupational diseases, required extra compensation for minors who on the last day of exposure were illegally employed, on the same basis as it already provided extra compensation in case of accident. Pennsylvania in revising its workmen's compensation act has provided that compensation, in the case of a minor whose disability shall continue after he reaches 21 years of age, shall be based on the earnings that he probably would have earned at his majority, if he had not been disabled. *Fla., Laws 1937, p. 393; Ind., Laws 1937, p. 205; Pa., Laws 1937, Pamphlet Laws 935, Act 323.*

PROGRESS IN REGULATING INDUSTRIAL HOME WORK

The year 1937 has been a noteworthy one for progress in the legal regulation of industrial home work and for advances in the direction of eliminating the industrial home work system.

Five States--Connecticut, Illinois, Massachusetts, Pennsylvania, and Texas--have enacted industrial home work legislation this year. The new Texas law represents the first attempt of that State to deal with the industrial home work problem. The new laws of Illinois, Massachusetts, and Pennsylvania make great advances over previously existing regulation in these States; and in Connecticut an amendment was passed supplementary to the basic advance in home-work legislation made by this State in 1935. Except in Illinois, the minimum age for industrial home workers set by these States is the same as that established for factory employment. In Connecticut it is 16; in Massachusetts, 14; in Pennsylvania, 16; and in Texas, 15. In Illinois, however, the minimum age for work in industrial home work is 16, while that for work in factories is still 14.

In the field of administration as well as in legislation notable progress is being made. In June 1937 the Secretary of Labor called a conference in Washington of administrators of industrial home work laws. It was attended by representatives of eight States. The conference dealt with the methods of handling problems of administration, especially those arising under the new type of home-work legislation which prohibits the distribution of certain types of products for processing by home workers and which authorizes prohibition of industrial home work on other products by administrative regulation. The group also discussed interstate distribution of goods for the performance of industrial home work, a practice which appears to be increasing as prohibitory laws and regulations go into effect.

BOOK AND PERIODICAL NOTES

(Child Labor)

North Carolina reviews trend in child employment

The Biennial Report of the North Carolina Department of Labor, July 1, 1934, to June 30, 1936 (Raleigh, 156 pp.) gives figures on employment certificates issued to children under 16 from 1922-23 over a period of years. In 1922-23, 9,700 certificates were issued, of which 6,081 were for employment in the textile industry. In the depression year 1931-32, the number fell to 1,146 (840 for textile factories). The number of employment certificates rose in 1932-33 as business improved, to 2,547 (2,105 textile). With the introduction of code standards the number of employment certificates dropped to 505 in 1933-34, and, of these, 248 were for part-time employment under code regulation, and only 62 (issued before the textile code went into effect) for employment in textile factories.

The present report includes for the first time figures for the post-NRA year July 1, 1935, to June 30, 1936. This shows a total of 716 employment certificates issued, of which 156 were for employment in textile factories. The Commissioner of Labor comments that although "the majority of employers throughout the State are maintaining the standards set up by the codes and are not employing children, there are employers who, as soon as the legal barrier was removed, employed children 14 and 15 years of age for full-time and permanent jobs."

* * * * *

CONTROL OF CHILD LABOR, by Bryant Putney. *Editorial Research Reports*, vol. 1, no. 20 (May 1937), pp. 387-404.

The entire may number of *Editorial Research Reports* is given over to this summary of the various aspects of the child-labor question, grouped under four heads: New effort for Federal child-labor ban; extent and character of child labor; employment of children in agriculture; regulation of child labor by States. The material is brought up to date and includes an account of the hearings before the Senate Interstate Commerce Committee on May 18, 1937.

TO SAFEGUARD THE WELFARE OF APPRENTICES; Hearings before a subcommittee of the Committee on Labor, House of Representatives, 75th Congress, First Session on H.R. 6205, April 22, 23, and 26, 1937. Government Printing Office, Washington 1937. 109 pp.

A description of the work of the Federal Committee on Apprenticeship Training was given by William F. Patterson at the hearing. A statement by Richard E. Brown, Deputy Executive Director of the National Youth Administration is also included.

This bill was passed by the House of Representatives in June and by the Senate early in August.

VOCATIONAL GUIDANCE THROUGHOUT THE WORLD; a comparative survey, by Franklin J. Keller and Morris Viteles. W.W. Norton & Co., 70 Fifth Ave., New York, 1937. 575 pp. $4.

Information on vocational-guidance methods and accomplishments in 17 countries, including the United States, has been assembled by the authors and organized in this volume in a way to facilitate comparisons and bring out developments characteristic of particular countries. Chapters 8 and 9 discuss the use of psychological methods in vocational guidance and in the analysis of the individual. The final chapter compares the vocational-guidance work in the various countries.

The appendix contains 38 exhibits of specific tests to measure mental aptitudes and manual dexterity, many of them illustrated by diagrams.

HANDBOOK OF VOCATIONAL GUIDANCE; secondary and public schools, by C.A. Oakley and Angus Macrae. University of London Press, 10 Warwick Lane, London, E.C.4, 1937. 337 pp. 10s. 6d., net.

The authors are senior members of the staff of the National Institute of Industrial Psychology and approach the subject of vocational guidance from the psychological side. In the course of preparing this book they interviewed the officers of more than 80 organizations, discussing with them the qualities most necessary for success in various vocations. There is a chapter on test material and another on the technique of the vocational guidance examination. Nearly 200 pages are devoted to an extensive survey of occupations, with detailed descriptions of the requirements for entering each as established in England.

MIGRANTS AND THEIR PROBLEMS

REPORT ON SOCIAL PROBLEMS OF MIGRANTS AND THEIR FAMILIES SUMMARIZED

On July 3, 1937, the Secretary of Labor transmitted to the United States Senate a preliminary report on the migration of workers in the United States. This study was made in accordance with a resolution (S.R. 298) adopted by the Senate on June 18, 1936.

The findings of the part of the study conducted by the Bureau of Labor Statistics are summarized in *Monthly Labor Review* for July 1937.[1] The author of the article, N. A. Tolles, states:

> In order to attack ... distress among migrants and ... discrimination against the migrant, it is important to know who the migrants are, why they migrate, approximately how many there are, and how successful they are in obtaining remunerative employment. These subjects were the chief concern of the Bureau of Labor Statistics in preparing material for the Secretary's report, and they are the chief concern of this article.

The findings of the part of the study for which the Children's Bureau is responsible may be summarized as follows:

Extent of Problem

No adequate statistical measure of the extent of migration in the areas studied is available. In comparison with conditions prevailing at the height of the depression, particularly before the Federal Transient Service was established, the numbers are undoubtedly reduced. There is, of course, a concentration of migration problems in certain areas and during certain seasons of the year. A considerable proportion of the total migration involves family groups that include young children. The numbers involved and the conditions surrounding migration are such as to make adequate social planning indispensable.

Community Attitudes

The migrant and his family tend to be isolated from the normal activities of the community because of the circumstances of their lives and community attitudes of indifference or prejudice. They frequently stay on the outskirts of the town or at some distance from the corporate limits of the community. They seldom if ever go to town to trade, to attend church, or to take part in community activities.

Deterrent measures were undertaken in certain States and in a number of communities, ranging from posting of signs in conspicuous places announcing that there was no relief for migrants to establishment of patrols on State borders. In a number of communities vagrancy ordinances were strictly enforced and all unattached men found on the streets without visible means of subsistence were arrested. Little or no distinction was made between migrants honestly in search of employment and undesirable vagrants. Following arrest, migrants were frequently escorted out of town by the law-enforcing agencies. Thus the migrant in search of employment had little opportunity to obtain work, since he was forced to keep moving.

Living Conditions

The migrants were found in general to be traveling and living under deplorable conditions. Families were generally crowded into old cars or trucks that had been fitted out with canvas covering, overloaded with varying amounts of household goods. Many of them camped along the roadside, perhaps near an irrigation ditch, a billboard, or a clump of trees. Some stayed in squatter camps. Others stopped at low-rent tourist camps. The unattached men usually stayed in the cheaper hotels, rooming houses, and congregate shelters established by public and private agencies, or made use of the jungles.

Living quarters for the seasonal agricultural laborers were to a large extent furnished by the growers. Whether families were camping out or were living at low-rent tourist camps or in houses furnished by the growers, the living conditions could be characterized as inadequate for protection against unfavorable weather conditions. Many lived in tents without flooring or screening or in cabins of very flimsy construction. A number of the adults and children were obviously suffering from exposure. Overcrowding was serious. In many cases a family, sometimes numbering 8 or 10 persons, was living in one small tent or cabin.

---

[1] A Survey of Labor Migration Between States. Monthly Labor Review, vol. 45, no. 1, pp. 3-16.

Standards of sanitation varied but were frequently unsatisfactory. The supply of water for drinking was often of doubtful origin or had to be carried and stored. Toilet and bathing facilities were often insufficient in number or too poorly kept to meet acceptable standards of decency.

Medical Care and Health Protection

Medical care was given as a rule only in case of serious emergencies, and sometimes lack of facilities for prompt consideration of applications for relief caused delay in affording care for persons who were very seriously ill. Preventive health services were not usually extended to the migrant group. Treatment for venereal disease usually was not available, and opportunities for giving physical examination to persons suffering from venereal disease were extremely limited. Sometimes the jail was the only place where such an examination was given to nonresidents. Lack of health services for mothers and young children was especially serious. The general lack of medical care and health protection constituted a menace to community as well as to individual health.

Education of the Children

Educational opportunities were lacking or extremely limited for the children of thousands of migrant families. Many of the children in families of agricultural migrant workers were out of school for long periods of time and when they did attend, frequent shifting from school to school made consistent progress very difficult. Children who were old enough to work in the fields were expected to do so, as parents felt the need of adding every cent possible to the family income, and often the parents did not consider it worth while to enroll the younger children in school when they were to be in a locality only a short time. Moreover, when books and supplies were not furnished by the schools, parents frequently could not stretch family funds to include expenditures for such purposes. School authorities were often lax in enforcing the school-attendance regulations for children in migratory families because of the educational problems which these children present. In a few districts visited, notably in California, school authorities were interested in the welfare of migrant children and were making an effort to provide educational opportunities. In most districts, however, little attention was paid to them.

Relief

No accurate or complete measure of the extent of the need of relief for migrants was possible owing to limitations in the amount of information available. However, the findings, though incomplete from a statistical point of view, do indicate the existence of a definite problem of sufficient size to merit attention. Because of lack of funds, public and private agencies in a number of communities are taking definite steps to discourage migrants from applying for assistance. Many who are in actual need do not have an opportunity to register or even to make their needs known. Hence a large number of the migrants who are in need of aid may not even be known to social agencies.

Lack of uniformity in settlement laws, the long periods required to obtain settlement in some States, and the possibility that settlement in one community may be lost before it is acquired in another community, operate to the great disadvantage of migrants.

Only 4 of the 20 States included in the field study had set up any definite program to provide relief and service to interstate migrants or to other migrants moving about within the State. In 2 of these 4 States the program was extremely limited and was available only because funds remained from the liquidation grants of the Federal transient program. In States having no State relief program the counties usually provided no public funds for relief to migrants except the cost of emergency medical care. Lack of funds to provide adequately for the resident relief load has intensified the attitude that relief to migrants, if given at all, should be given only on the basis of urgent need for emergency care.

A few communities have provided definite programs of relief to migrants under the auspices of the private agencies, but the curtailed budgets of these agencies have so limited this program that it has reached only the most urgent needs through the granting of very meager material relief, such as food and shelter.

Families, young persons, unattached women, and sick and aged unattached men, are the four groups of nonresident persons who generally have been accepted as those to whom preference should be given in granting emergency relief. The unattached able-bodied man has been given consideration in very few communities except for shelter care. Community policies regarding the type of service and aid provided were generally very restrictive. They provided only temporary emergency food and shelter for family groups; overnight shelter with one or two meals for unattached persons; medical care for ill or injured persons; services incident to establishing legal settlements; and transportation for return home.

Resettlement Administration Photograph

READING NOTES

Among recent surveys and reports dealing with the problem of transients and migrants are the following:

NEWCOMERS AND NOMADS IN CALIFORNIA, by William T. Cross and Dorothy E. Cross. Stanford University Press, Stanford University, Calif., 1937. 149 pp.

A 1-day census taken September 1, 1933, by the California Emergency Relief Administration showed that there were 54,297 transients in California who had been in the State less than 12 months. Transients who had been in the State more than 12 months numbered 16,877. The reports from 12 counties showed that 59 percent of the transients were men, 23 percent were women and girls, and 18 percent were boys.

Steps toward the solution of the transient problem in California are suggested by the authors.

AFTER FIVE YEARS; the unsolved problem of the transient unemployed, 1932-37. Committee on Care of Transient and Homeless, 1270 Sixth Ave., New York, May 1937. 12 pp. 10 cents.

THE MIGRATORY-CASUAL WORKER, by John N. Webb. Research Monograph VII, Works Progress Administration. Washington, 1937. 128 pp.

A SURVEY OF TRANSIENT AND HOMELESS POPULATION IN TWELVE CITIES, SEPTEMBER 1935 AND SEPTEMBER 1936. Works Progress Administration. Washington 1937. 52 pp.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

REPORT OF DIRECTOR OF CRIPPLED CHILDREN'S DIVISION OF THE CHILDREN'S BUREAU AS OF JUNE 1, 1937

By April 1, 1937, State plans for services for crippled children had been approved for 42 States, Alaska, Hawaii, and the District of Columbia.

By May 21, 1937, every State had designated an official agency for administering these services. The question of what State agency was best equipped to conduct them was considered by 1937 legislatures in many States, and in some the services were transferred from one agency to another. In Maryland the responsibility for the services was transferred from the board of State aid and charities to the State department of health, and in Tennessee the State commission for crippled children's services was placed under the supervision of the State department of public health. In Arizona, Washington, and West Virginia new departments of public welfare, public assistance, or social security were created, which took over the functions of the old departments of welfare, including services for crippled children. Summary of State plans in operation June 1, 1937, showed the program administered in 19 States by the department of health; in 13, by the department of welfare; in 7, by a crippled children's commission; in 4, by the department of education; in 1, by a university hospital; and in 1, by an interdepartmental committee.[1]

In several States laws passed in 1937 defined more clearly the responsibilities of the State agency for services for crippled children.

Thirty-five States have sent in preliminary reports showing the number of crippled children on the State register, and the number of crippled children thus registered totaled 91,000 on April 1, 1937. Other States planned to report after the names on their registers had been compared with names on other records. The Children's Bureau has prepared an outline for recording the type of crippling conditions, based on the Standard Classified Nomenclature of Disease.[2] The use of this outline by the State agencies should contribute to the obtaining of more definite and comparable information on the incidence of the various types of crippling conditions. A form for use in the State registration of crippled children has been prepared and will be issued in the near future for optional use in the States.

The State plans for the fiscal year 1937 and preliminary reports show an increase in the total number of diagnostic clinics held and in the number of such clinics held in areas not previously served, and indicate effort to provide services on a State-wide basis. There is a tendency for clinics to be used not only for diagnostic service, but also for reexamination of children needing continued medical supervision, and for certain treatment, such as physical therapy, application of casts, and adjustment of braces.

Additional State, Federal, and private funds were made available in Tennessee, Mississippi, Virginia, and Alabama, in the summer and fall of 1936, by means of which immediate examination and treatment could be given to children who were stricken during the poliomyelitis epidemic. These special projects were organized to provide as quickly as possible special diagnostic services, physical therapy, and nursing care for these children. Orthopedic surgeons examined the children, and public-health nurses with physical-therapy training visited them in their own homes to carry out the instructions of the surgeon. Hospitalization was provided for special cases which could not be treated in the child's own home. Appliances were provided by the official State agency. These projects demonstrate the value of immediate diagnosis and treatment in the prevention of crippling following poliomyelitis. During the epidemic the United States Public Health Service conducted a demonstration of preventive measures in these areas.

---

[1] Laws have been enacted, to be effective by July 1, 1937, authorizing transfer of the responsibility for services for crippled children, as follows: Georgia, responsibility transferred from State department of public health to State department of public welfare; Montana, State orthopedic commission abolished and responsibility transferred to State department of public welfare; South Dakota, responsibility transferred from State public-welfare commission to State board of health.

In the 6 States whose plans had not been approved by June 1, 1937, the crippled children's agency has been designated as follows: Connecticut, Delaware, Louisiana, Nevada, State department of health; Arkansas and Oregon, State department of public welfare.

[2] Standard Nomenclature of Disease. Edited by H. B. Logie, M.D. Commonwealth Fund, New York, 1935. 870 pp.

Current reports continue to show that the majority of children accepted for care by the State agencies are those suffering from orthopedic conditions. More complete figures on the number of children affected by each type of crippling condition are needed before policies can be formulated in regard to the extension or contraction of services.

The recommendations of the Advisory Committee on Services for Crippled Children and of the State and Territorial health officers have been of great value to the State agencies in establishing and maintaining adequate standards for medical and hospital care. During the year there has been a decided increase in the number of hospitals approved by official agencies, with a resulting decentralization of hospital care. The approval of hospitals located in different parts of the State makes it possible to provide hospital service nearer the child's own home.

Hospital charges have been under continuous review by the State agencies during the year and revisions in charges have been made in the light of experience. It has been possible in many instances to arrange, in a manner acceptable to the professional groups involved, for payment on a flat-rate basis, to cover the cost of all hospital services except surgeons' fees and the cost of appliances. Further revisions will undoubtedly be made as longer experience shows more clearly the factors involved, such as the types of cases referred for treatment, the actual cost of ward care, and the financial responsibility assumed by the hospital.

The Children's Bureau has started a study of the intake procedures and discharge policies of hospitals and convalescent institutions where crippled children are cared for, which will provide information to be used in later studies.

Charges involving payments for professional services are also undergoing continuous study and revision by the State agencies in consultation with technical advisory groups. In adjusting such charges consideration is given on the one hand to the types of cases referred for treatment, the responsibility involved, and the requirements as to professional certification, and on the other hand to the State's responsibility for the efficient administration of limited public funds intended to provide care for large numbers of crippled children whose parents cannot afford to pay for needed services.

The recommendations of the Advisory Committee on Services for Crippled Children and of the State and Territorial health officers have also been of great value in the organization of the State agencies and in the selection of qualified staff. The necessity for medical direction is increasingly recognized as indispensable for the development of a well-balanced program and for the safeguarding of the quality of service to be given. When the State agency is not directed by a physician the need for providing active medical assistance on the technical phases of the program is evident.

Administrative officials realize that the conduct of these services requires technically qualified persons--the physician, the orthopedic surgeon, the nurse, the medical social worker, and the physical therapist. With a wide variety of administrative agencies, it has been interesting to see the methods by which effective working relationships are established among the different types of workers in the program. As the State plans have been put into practice during the year and as services have been extended, the role of each type of worker in the program has become more clearly defined.

The year's experience has also clarified the relationship of the social-security program to the programs of other agencies and organizations engaged in services for crippled children.

State agencies are recognizing that local services are extended most satisfactorily through a system by which maximum advantage is taken of the services of local public-health nurses and local social workers. The State crippled children's agencies are offering such local workers consultation service and staff education through State and district workers with special orthopedic training. The local workers throughout the State are thereby better equipped to give service to crippled children before and after surgical and hospital care.

A system of reporting the number of crippled children registered and the services rendered them was put into operation for the quarter July 1 to September 30, 1936. The fact that some States had had no central reporting system and that the program of services was being rapidly extended made it difficult to get complete data at the start. Reports so far sent in indicate that there will be available in the near future more reliable information concerning the numbers of crippled children and the services being provided for their care than has ever previously been assembled in the United States.

From the start the activities reports from the State agencies gave information that was valuable in planning for services for crippled children.

In certain States the State agency was able to report during this period only on the services for crippled children for which it was administratively responsible. If services provided in close relationship with the State program but not administered by the State agency had been included (as is being done to an increasing extent through cooperative reporting arrangements) a much larger volume of service would have been shown than in these first reports from the States.

The Children's Bureau Advisory Committee on Services for Crippled Children held its second meeting with the Bureau October 9 and 10, 1936. The committee at this meeting recommended that children whose chief disability is incurable blindness, deafness, or mental defect or whose abnormalities require permanent custodial care should be considered beyond the scope of the program. With regard to administration the committee recommended: (1) That the program should be extended to all children up to 21 years of age who are found to be in need of such service and who are unable to obtain it otherwise (where statutory provision to include all children up to 21 years of age is necessary the committee urged that action be taken), (2) that after the first year of operation each official State agency should have on its staff at least a full-time administrator with proper clerical assistance, and (3) that agreements should be worked out between States to insure the use of public funds for the care of crippled children regardless of the duration of their residence in a State. With regard to professional standards the committee recommended: (1) That State agencies should use orthopedic surgeons and other specialists certified by the national boards conducting examinations for certification in the respective specialties, (2) that standards recommended for physical therapists and medical social workers by their respective national organizations should be used, (3) that the National Organization for Public Health Nursing should be requested to submit recommendations for qualifications for nurses in the field program. The committee submitted minimum standards for hospital care of crippled children and suggested that the State agencies endeavor to obtain from each hospital a flat rate to include all necessary services with the exception of surgeons' fees and appliances.

At its third meeting, April 7, 1937, the Advisory Committee on Services for Crippled Children reaffirmed and amplified its previous recommendations concerning the qualifications of surgeons and other trained personnel, recognizing at the same time the difficulties that confront State agencies in obtaining competent personnel for sparsely settled areas. The committee recommended that the State agencies in reporting crippling conditions use the classification of types of crippling prepared by the Children's Bureau. The Committee reviewed and approved the preliminary studies made by the Children's Bureau concerning fee schedules, hospital rates, and other charges and made suggestions as to future studies.

* * *

A NORTH CAROLINA COUNTY AS SEEN BY THE CHILD-WELFARE WORKER

Ed. Note.-- Condensed from a report by a worker assigned by the State Board of Charities and Public Welfare to a county under the Child-Welfare Services program.

To the casual observer X County does not present many child-welfare problems. But the individual who understands more thoroughly the home life, school life, church life, and other interrelationships of the children and their families gets an entirely different picture. The following analysis of the 10 townships comprising it was made after a survey of the county to become acquainted with its physical outline, various industries, types of people, and social, moral, and economic make-up.

1. This township is a farming section which in the past 10 years has deteriorated from a progressive farming community to a very poor section. The type of family living there has deteriorated as a result. Many elderly persons who are totally dependent are known to the welfare department. There is no congested area. Irregular school attendance seems to be the major problem.

2. A few families who live on islands surrounded by swamps compose this township. Most of the families are endeavoring to rehabilitate themselves through the resettlement program.

3. This township is a small and prosperous farming section. There appear to be very few social problems of any kind. School attendance will need some attention.

4. This is a thickly settled farming region. It has many landowners and a very good school. Formerly a bootlegging section of ill-repute, this township has developed into a wholesome, unified community. As it is densely settled there are probably many social problems.

5. A progressive, broad-minded community, this township is known as a tobacco and peanut center. School attendance is a big problem. The major one is that of juvenile delinquency among the colored children. There are many dependent families among the colored population who have no resources and are employed by the day wherever they can find work. Large families are typical. There is great need for medical care. The community seems to be disturbed by a great deal of petty thievery among colored and white juveniles and by constant begging on the streets.

6. School attendance is the only problem of importance in this township. It is a very good farming section, few families being dependent on public relief.

7. This low, swampy rural area runs parallel to the river, and is known as a "malarial section." Most of the residents are white, but are poverty-stricken and ignorant. They are not industrious, and do not have much ambition for their children or for the upbuilding of their family life. Here we find the illegitimacy problem dominant. There are many neglected children, and school attendance is given little thought.

8. This business community is a tobacco center with many churches and schools. The citizens are anxious that juvenile delinquency among the colored children be given attention.

9. This small community is characterized by families who have resided here from generation to generation and cling to traditional ideas and customs. School attendance is the chief problem.

10. A very thickly populated farming section makes up the tenth township. It has many landowners and tenants. School attendance is poor in this community.

Considering the county as a whole there is a rich field for a child-welfare program, especially in the rural sections. Through voluntary work by interested citizens many adjustments for underprivileged children have been made. However, there is a need for skilled case-work treatment in order that the adjustments may be permanent and more satisfactory.

The survey revealed the school-attendance problem as a very grave one. There are children 11, 12, 13, and 14 years of age who have not advanced higher than the second or third grade. This is due to poor attendance, which may be attributed to some extent to circumstances in the homes.

There is a lack of recreational facilities in the county. There are no playgrounds except the school grounds and there is no park or recreational center with organized and supervised play activities.

Extensive medical care is needed. There are many children handicapped by physical defects--many in need of orthopedic work, many afflicted with defective eyesight, many with congenital syphilis.

The dependent child, the neglected child, the child whose environment is not so wholesome as it should be, demand attention. A paramount need now is for a licensed boarding home.

The people of X County have a high degree of social consciousness. They are keenly aware of the social problems existing among the children and are anxious that they be solved. Their interest and cooperation serve as a basis for real social planning in the community. So far the response on the part of those who have knowledge of the program has been fine.

The program of child-welfare services for X County is already well under way. A child-welfare advisory committee has been appointed, and a filing and record system is being set up. The program has been explained to interested citizens by means of form letters and community gatherings. A plan of treatment has been started for juvenile delinquents who are on probation or who are awaiting institutional care, and those suffering from social diseases are receiving medical care.

An effort is being made to have the blind children taken to Raleigh for the clinic being held by the North Carolina Blind Commission. Lists of school children who have not attended school regularly are being made up by the school officials so that a plan may be worked out for attacking the school-attendance problem.

Children with behavior problems are being referred to the child-welfare worker and case-work methods are being applied in an effort to work out their adjustment.

STATUS OF SOCIAL-SECURITY PLANS 1937-38

On July 22, 1937, the first plan for child-welfare services submitted by the Territory of Hawaii was approved by the Children's Bureau, and on July 31 a plan for South Carolina was approved for the first time. Child-welfare plans for the fiscal year beginning July 1, 1937, have been approved for a total of 35 States, and plans for 9 other States are under review. Forty-four States and the District of Columbia were cooperating with the Children's Bureau under plans approved in the fiscal year ended June 30, 1937.

By August 10 the number of maternal and child-health plans approved was 45, and the number of plans approved for services for crippled children was 29. Most of these plans were approved for the first quarter only, approval for the remainder of the year being held for final detailed review of the budgets submitted as part of the plans.

BOOK AND PERIODICAL NOTES

(Social-Security Program for Children)

Proceedings of Milwaukee convention of I.S.C.C.

The June issue of the *Crippled Child* is devoted to the Proceedings of the Sixteenth Annual Convention of the International Society for Crippled Children, held in Milwaukee, May 9-13, 1937.

The social content of work for crippled children is discussed from the standpoint of the psychiatric social worker by Charlotte Towle, of the School of Social Service Administration, University of Chicago, and from the standpoint of social-security administration by Edith Baker, of the Crippled Children's Division of the Children's Bureau. Other papers included are Social aspects of the orthopedic treatment of crippled children, by Edwin W. Ryerson, M.D.; Problems in the prevention of poliomyelitis, by Paul Harmon, M.D.; Prevention and control of arthritis, by Joseph L. Miller, M.D.; Accomplishments for crippled children under the Social Security Act, by Robert C. Hood, M.D., Discovering and enumerating crippled children, by Frances E. Shirley; Preventive activities of organized health agencies in a crippled children's program, by Surgeon C. C. Applewhite; and several articles on vocational training and placement of physically handicapped children.

MEDICAL SOCIAL ASPECTS INVOLVED IN PROBLEMS OF THE CRIPPLED CHILD, by Margaret W. Wagner. *Hospitals* (Journal of the American Hospital Association), vol. 11, no. 3 (March 1937), pp. 66-69.

The work of the medical social worker in treating the social aspects of the problem presented by crippled children is described in this article. The author expressed the hope that the Social Security Act may make it possible for the medical social worker to do for crippled children in isolated rural areas what she is doing now in the hospital or specialized agency.

INVESTIGATION AND TEACHING IN THE FIELD OF THE SOCIAL COMPONENT OF MEDICINE, by George R. Minot, M. D., S.D., F.R.C.P. Edin. *Bulletin of American Association of Medical Social Workers*, vol. 10, no. 2 (April 1937), pp. 9-18.

Dr. Minot, who is Professor of Medicine, Harvard University, and Director, Thorndike Memorial Laboratory, discusses the importance of research in the field of medical social work, some aspects of the investigative approach, and material available to the investigator and teacher. He concludes: "A need today is to establish a better balance between the power of natural science and the backwardness of social science. The social component of medicine needs thorough exploration and must be taught from knowledge of the past as a platform from which to make advances in the future."

THE ROLE OF THE PUBLIC-HEALTH NURSE IN SERVICES FOR CRIPPLED CHILDREN, by Naomi Deutsch, R.N. *Public Health Nursing*, vol. 29, no. 6 (June 1937), pp. 350-356.

The increasingly important role played by the well-qualified public-health nurse in programs for crippled children is described. The article also includes a list of schools for physical-therapy technicians conforming to the standards adopted by the American Medical Association in 1936.

MATERNAL AND CHILD-HEALTH AND CRIPPLED CHILDREN'S PROGRAMS UNDER THE SOCIAL SECURITY ACT, by Doris A. Murray, M.D. Reprinted from *New England Journal of Medicine*, vol. 217, no. 3 (July 15, 1937), pp. 94-97. Single copies available while the supply lasts from the Children's Bureau, Washington, D.C.

Dr. Murray describes the purpose and organization of the maternal and child-health and crippled children's programs and points out the desirability of having technical advisory committees composed of members of medical, nursing, and dental societies to confer with the official State agency. In addition to technical committees, most of the States have appointed a general advisory committee which includes representatives of citizens' groups. In connection with the work for crippled children Dr. Murray stresses the importance of making the program a cooperative undertaking among official State agencies such as departments of welfare, health, education, and vocational training.

WHY SOCIAL SECURITY? Publication No. 15, Social Security Board. Washington, 1937. 32 pp.

This brief account of the development of measures for social security was written by Mary Ross of the Bureau of Research and Statistics and illustrated by Hendrik Willem Van Loon to express his own personal interest in the development of social security in the United States.

MATERNAL, INFANT, AND CHILD HEALTH

HEALTH CONDITIONS IN PUERTO RICO STUDIED

The Puerto Rico Journal of Public Health and Tropical Medicine for June 1937 (vol. 12, no. 4, San Juan, P.R.) contains the first of a series of Puerto Rican health and socio-economic studies, entitled "Health and Economic Conditions on a Sugar-Cane Plantation" (pp. 405-490). The introduction states that "The creation of a Health Division within the Puerto Rico Reconstruction Administration to cope with the health and sanitary problems involved in the several P.R.R.A. projects, and to take care of the physical examination and medical treatment of its workers, has given us the unique opportunity to study the health and socio-economic conditions in the rural sections of Puerto Rico."

Studies covering the sugarcane, coffee, citrous fruit, and tobacco regions have been under way for 18 months. The present report covers existing conditions in a sugarcane area only. The substance of the summary is given below:

The area surveyed is a middle-sized, absentee-owned sugarcane plantation in southeastern Puerto Rico. It includes 16.1 percent of the rural population of 3 municipalities, a population which is very stable, predominantly colored, and very young. Children under 5 years constitute 16.7 percent of the population in the area surveyed, a proportion considerably higher than that in the population of the United States as a whole (9.3 percent).

Most of the houses are wooden, roofed with galvanized iron. Nearly three-fifths have a floor area of 100 to 299 square feet, and approximately one-half have from one to four exterior doors or windows. Half of the houses are the property of the families and two-fifths are the property of the Central Lafayette (a sugar mill owned by the Puerto Rico Reconstruction Administration). More than half of the population live in houses of only two rooms. Forty-three percent of the houses do not have sanitary conveniences of any kind. About one-third of the families have water piped to the house and the rest use water from shallow wells, rivers and streams, and rain water.

Most of the people have only black coffee or coffee with milk for breakfast, codfish and vegetables for lunch, and rice and beans for dinner. Forty percent of the families do not use milk in their daily diets, and the consumption of milk for those consuming it averages two-fifths of a pint per person per day.

The most prevalent diseases are malaria, gastrointestinal disorders, and tuberculosis. The highest mortality recorded in the three municipalities is from these causes. The death rate from diarrhea and enteritis is shown separately for children under 2 and for persons 2 years of age and over and is very high in both cases. In two of the districts the mortality from malaria is more than double the average mortality for Puerto Rico from the same cause. More than three-fifths of the sick persons found in the area were not receiving medical care of any kind.

The family constitutes the labor unit dependent upon the Central Lafayette for its existence. Three-fifths of the families are composed of five members or fewer; the average size of families is 5.1 members. Seventy-nine percent are normal families consisting of man and woman, or man, woman, and children with or without other person.

Of the married persons 15 years of age and over, 54 percent had a civil or church marriage and 46 percent a consensual marriage (natural union).

More than two-fifths (43.5 percent) of the persons under 15 years of age are illegitimate. The percentage of illegitimacy is 58.2 among children under 1 year of age, and 52.2 among children 1 to 4 years of age.

Thirty-seven percent of the persons 10 years of age and over had never attended school; 39 percent had completed one to four grades; 16 percent had completed four to seven grades; and only 8 percent had completed the eight grades of elementary school.

Of the total number of workers on wages, 80 percent are unskilled farm laborers and 20 percent skilled and semiskilled workers. The former work an average of 34.1 weeks and the latter 39.9 weeks during the year. Only 10 percent of the farm laborers and 41 percent of the skilled workers had work during the whole year. The average annual income from wages for the farm laborers is $119.34 and for the skilled group, $349.52. The average annual income per family for all the families in the area is $259.43 and the average annual income from wages for all wage-earners, $165.38.

Nearly two-thirds of the expenditures are for food and there are budgetary deficiencies fluctuating from 7 to 75 percent for all families earning less than $6 per week.

One-fourth of the families have garden plots and more than four-fifths own property of one kind or another. More than four-fifths of the families in the wage-earners' group have accumulated debts, two-thirds of which were incurred for food.

BOOK AND PERIODICAL NOTES

A. General Child Health

THE HEALTH STATUS AND HEALTH EDUCATION OF NEGROES IN THE UNITED STATES. Yearbook Number, VI, *Journal of Negro Education*, vol. 6, no. 3 (July 1937), pp. 261-587.

An article, Infant and Maternal Mortality Among Negroes, by Elizabeth C. Tandy, Sc.D., presents in detail the available statistics with respect to infant and maternal mortality among Negroes as distinct from other races. It reviews the present situation in detail and indicates the general trend of mortality throughout the period of record, from 1915 through 1935. Reprints of Dr. Tandy's article are available from the Children's Bureau, Washington, while the supply lasts.

The same issue contains the Health-Education Program of the Children's Bureau, with particular Reference to Negroes, by Katharine F. Lenroot. Reprints of this article also are available from the Children's Bureau. Other articles dealing particularly with maternal, infant, and child health among Negroes include: The Incidence of Physical Defects in Negro Children, by Alonzo de Grate Smith, M.D., and Nolan A. Owens, M.D.; Special Health Problems of Negroes in Rural Areas, by Hildrus Poindexter, M.D.; and several articles on health education in Negro schools and colleges.

CHILDHOOD. Edited by the Parent Education Committee of the Association for Childhood Education. Houghton, Mifflin Co., Boston, 1937. $18.50.

This set consists of five handbooks on child health and education planned "for parents and in the critical and formative beginning years and beyond."

Volume 1, Health (296 pp.), is by Richard M. Smith, M.D., and Douglas A. Thom, M.D., and covers the physical, mental, and emotional health of the child in infancy and later.

Volume 2, Play (256 pp.), by Rose Alschuler, Winnetka Public School Nursery Unit, and Christine Heinig, Child Development Institute, Teachers College, Columbia University, carries the subtitle, "The child's response to life," and contains suggestions useful especially to parents of children from 2 to 7 years of age or older.

Volume 3, Nature (288 pp.), is by Bertha Stevens and is intended to show parents how to interest their children in plant and animal life, stars, stones, and everyday phenomena.

Volumes 4 and 5, Stories and Verse, and Songs From Many Lands (With Music), are intended for the use of the children themselves. The song book (80 pp.) is edited by Thomas Whitney Surette, Mus.D., founder and director of the Concord Summer School of Music. The folk songs included are selected for the dual purpose of developing good musical taste and providing enjoyment. The publishers state that a number of them have never been published before in this country. Stories and Verse (288 pp.) includes stories for children as young as 3 or 4 years and as old as 8 or 9. The format and, in the volumes intended for the use of children, the pictures are designed to appeal to children.

B. Mortality Statistics

PREMATURE INFANTS; a clinical study of 432 infants born prematurely, by W.W. Waddell, Jr., M.D., C.W. Purcell, M.D., and W.S. Wray, M.D. *Southern Medical Journal*, vol. 30, no. 5 (May 1937), pp. 535-545.

Every infant weighing 2,500 grams or less and breathing when admitted to the nursery of the University of Virginia Hospital during the period of this study was included. Of the 432 infants, 92 died within the first 24 hours after birth, and 5 within the second 24 hours, a mortality of 22.4 percent within the first 48 hours. The mortality percentage of the group of infants surviving the first 48 hours was 14.6. The authors discuss the feeding and care of the infants in some detail.

IMPROVEMENTS IN MORTALITY AMONG YOUNG AND OLD. *Statistical Bulletin* (Metropolitan Life Insurance Co., New York), vol. 18, no. 4 (April 1937), pp. 6-9.

The remarkable decrease in mortality rates among Metropolitan industrial policyholders has taken place mainly in the age group 1 to 4 years, where the decline has been approximately 75 percent since 1916, this article states. This is attributed chiefly to the success of medical science and practice in dealing with diseases peculiar to children--diarrhea and enteritis and the communicable diseases. Deaths from these causes have been reduced in the past 20 years by as much as 90 percent. The improvement in mortality since 1916 for children of ages 5 to 15 has amounted to about 50 percent.

B. Nutrition

THE AVITAMINOSES, by Walter H. Eddy, Ph.D., and Gilbert Dalldorf, M.D. Williams & Wilkins Co., Baltimore, 1937. 338 pp. $4.50.

This book is the result of 8 years of collaboration on the part of a biochemist and a pathologist in the study of the diseases related to vitamin deficiencies. Each of the known vitamins is discussed as to nature and function, anatomical and clinical manifestations of deficiency, and subclinical deficiencies. Chapters are devoted to beriberi, pellagra, scurvy, rickets, vitamins in relation to resistance to infection, vitamins and blood regeneration, and the results of multiple dietary deficiencies. The exclusive literature on vitamins has been condensed and presented in readily accessible form. Methods of assaying vitamin sources and of studying the avitaminoses are described. The arrangement makes it possible for the physician, the pathologist, the research worker, or the nutritionist to locate readily the material of greatest interest to his field.

THE PLACE OF THE NUTRITIONIST IN THE PUBLIC-HEALTH PROGRAM, by Wilson G. Smillie, M.D. *Journal of the American Dietetic Association*, March 1937, pp. 527-536. Single reprints available free from the Children's Bureau, Washington, D.C., while the supply lasts.

In this article the author points out that "The subject requires the careful attention of public-health officials because of the fact that infants and young children are the groups that are most seriously affected by nutritional deficiencies. Thus the important issue in relation to nutrition that health-department executives in the United States must face, is the necessity for adequate provision of optimum food requirements for each individual in the community during the period of growth and development, and the dispersion of knowledge in the community concerning suitable utilization of proper food elements."

THE DIET DURING PREGNANCY AND THE NURSING PERIOD, from the clinic of Dr. Harold M. Teel and Bertha S. Burke. *Medical Clinics of North America* March 1937 (Boston number), pp. 547-561.

An obstetrician and a nutritionist review the needs for individual dietary essentials during pregnancy and lactation. This is followed by a discussion of the practical aspects of instructing women as to their daily food requirements, and as to the importance of rest, sleep, and exercise in the establishment of good nutrition.

MALNUTRITION, A CRIPPLING PROCESS, by Lydia J. Roberts. *Crippled Child*, vol. 14, no. 6 (April 1937), pp. 148-150.

The importance of nutrition in any program for child betterment, is stressed in this article not only to prevent the development of certain deformities but also to help in correcting defects during the period of growth.

WHAT MOTHERS WANT TO KNOW ABOUT CHILD NUTRITION, by Dorothea Nicoll. *Commonhealth* (Massachusetts Department of Public Health). vol. 23. no. 4 (October, November, December, 1936), pp.230-232.

In this article a nutritionist summarizes the questions asked most frequently during interviews with 1,200 mothers of preschool children in connection with well-child conferences held by the Massachusetts Department of Public Health in 1936. Nearly all mothers want to know what foods will promote the best physical development of their children and why certain recommended foods (such as cod-liver oil) are important. Many mothers ask how to supply what they know the children need within the limit of the family food budget. Other common questions deal with how to develop good food habits in children, whether it is desirable to force children to eat foods they dislike, whether eating between meals is ever justifiable. Mothers of children who deviate from average weight for age and height wish to know what to do about it. Mothers of children on special therapeutic diets ask for help in carrying out the physician's recommendations in connection with preparation of meals for the entire family.

THE INTERNATIONAL CAMPAIGN FOR BETTER NUTRITION, by F. G. Boudreau, M.D. Reprinted from *Milbank Memorial Fund Quarterly*, vol. 15, no. 2 (April 1937), pp. 103-120.

Dr. Boudreau, who was appointed executive director of the Milbank Memorial fund April 1, 1937, was formerly on the staff of the League of Nations. This paper outlines the international aspects of problems on nutrition, with emphasis on the need for national action and on the value of international agreement on programs of research, on methods tending to make the results comparable, and on matters of social and economic policy.

SOCIALLY HANDICAPPED CHILDREN

RESEARCH AND READING NOTES

Statistics on juvenile delinquency available

A report recently published by the Children's Bureau contains Juvenile-Court Statistics for the year ended December 31, 1934, and Federal Juvenile Offenders for the year ended June 30, 1935 (Publication No. 235, Washington, 1937; 106 pp.). The first part of this report represents the Children's Bureau's annual compilation of delinquency cases dealt with by juvenile courts over a large registration area.

Preliminary figures for 1935 not yet published indicate a slight decrease compared with 1934 in the number of juvenile-delinquency cases dealt with by 64 courts serving areas with more than 4,500,000 children of juvenile-court age. Statistics over a 9-year period, 1927 to 1935, are available for 18 of these courts. These show a smaller number of cases in 1935 than in any previous year of the period, and indications for 1936 are that this trend is continuing. The 1935 figure shows a decline from the peak year (1930) of 19 percent in boys' cases and 31 percent in girls' cases. Figures based on finger-print records of persons arrested for State and local offenses, compiled by the Department of Justice, show a shift from 19 years in 1935 to 22 years in 1936 in the age most frequently reported.

Child Welfare League issues new pamphlets

A series of small mimeographed pamphlets dealing with various forms of social service have been issued in convenient form by the Child Welfare League of America (130 East 22nd St., New York, 1937, 15 cents each). "Social Aspects of Child Adoption," by Sophie Van S. Theis, discusses the social implications and psychological factors in child adoption and reminds the worker engaged in child placement of the need for security in a permanent home for every child who has no family with which he keeps up a relationship and who is legally eligible for adoption. This and "Legal Aspects of Adoption," by Judge James Hoge Ricks, are addresses given at the Eastern Regional Conference of the Child Welfare League of America, New York City, May 1, 1937.

Two others of the series--"The Use of Foster Boarding Homes in the Treatment of Problem Children," by Mrs. Martha J. Fritsch, and "Planning for the Unmarried Mother," by Marjory Embry, are addresses given at the Southern Regional Conference of the League, New Orleans, March 4, 1937. Miss Embry's paper classifies the needs of unmarried pregnant girls under three headings, medical, social, and emotional or psychological, and suggests that future plans for these girls and for their children be considered in relation to these needs.

The fifth pamphlet, "A Symposium: Case-Work Programs in Day Nurseries," consists of five papers presented at the Twentieth Biennial Conference of the National Federation of Day Nurseries, New York, April 1937.

* * * *

BOOK AND PERIODICAL NOTES

YOUTH IN THE DEATH CELL, by Harry Manuel Shulman. *Better Times*, vol. 18, no. 36 (June 7, 1937), pp. 17-18.

The records were analyzed of three 17-year-old boys, three 18-year-olds, and one 19-year-old condemned to death in New York State for group robberies involving homicide. "None of these boys had received clinical study or treatment," comments the author.

A HISTORICAL SUMMARY OF STATE SERVICES FOR CHILDREN IN OHIO. Children's Bureau Publication No. 239, Part 1. Washington, 1937. 38 pp.

The development of State services for children in Ohio is here presented for the use of students of public-welfare administration. The picture given is of Ohio in February 1934, when an extended field visit was made to the State. Material changes have occurred during the past few years in organization and services in Ohio, as the foreword of the report points out, but the present program has developed from past experience.

This study was carried on in several States, and the report for each State will be issued separately.

OF CURRENT INTEREST

Director appointed for Committee on Social Security

Announcement was made in June by the Social Science Research Council of the appointment of Dr. Paul Webbink as Director of Staff of the Committee on Social Security with headquarters in Washington, D.C. (Bureau correspondence.)

Health examination for domestic servants in North Carolina

A new law adopted by North Carolina (Laws 1937, p. 601) requires domestic servants presenting themselves for employment to furnish a health certificate from a practicing physician or the county public-health officer, certifying that they have been examined within 2 weeks and are free from all contagious, infectious, or communicable diseases. Such certificate must show that the person does not have any venereal disease which might be transmitted, or tuberculosis in an infectious stage. Employed domestic servants must be examined once a year or as often as the employer may require.

Youth Exhibition in Rome

A communication from the Italian Ambassador to the United States Secretary of State announces the holding of a National Exhibition of Summer Camps and Youth Welfare in Rome from June 20 to September 30, 1937. The announcement states that this exhibition "will give a complete idea of what is being done in Italy to foster the moral and physical health of the younger generation."

CONFERENCE CALENDAR

Aug. 15-21	National Medical Association. St. Louis, Mo.
Aug. 29-Sept. 1	National Conference of Catholic Charities. St. Paul, Minn.
Aug. 31-Sept. 7	World Youth Conference. Under auspices of Federation of League of Nations Societies. Geneva.
Sept. 13-17	American Hospital Association. Atlantic City, N.J.
Sept. 23-26	Second International Congress for the Protection of Childhood. Rome, Italy.
Sept. 26-29	National Council of Catholic Women. Seventeenth annual convention, Washington, D.C., Sept. 28, special session on youth.
Sept. 27-30	Fourth International Pediatric Congress. Rome, Italy. Secretariat: Clinica Pediatrica, Policlinico, Rome.
Oct. 5-8	American Public Health Association. Sixty-sixth annual meeting, New York. Information: A.P.H.A., 50 West 50th St., New York.
Oct. 20-23	National Association for Nursery Education. Biennial conference, Nashville, Tenn. Subject: Safeguarding the early years of childhood.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat 409) This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U S GOVERNMENT PRINTING OFFICE . 1937

* 9330.3a7

THE

Child

Monthly News Summary
with
Social Statistics Supplement
[PRINTED SEPARATELY]

SEPTEMBER
1937

Volume 2
Number 3

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD Monthly News Summary

Volume 2 September 1937 Number 3

CONTENTS

PAGE

GENERAL CHILD WELFARE

The Advisory Committee on Social Questions of the League of Nations, by *Henry B. Hazard* — 51
News and Reading Notes — 53
  MINIMUM AGE FOR MARRIAGE RAISED BY NEW STATE LEGISLATION
  PROCEEDINGS OF NATIONAL RECREATION CONGRESS PUBLISHED
  NATIONAL CONGRESS OF COLORED PARENTS AND TEACHERS ISSUES PROCEEDINGS
Book and Periodical Notes — 54

THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

"Child-Welfare Services" of the District of Columbia, by *A. Madorah Donahue* — 56
Responsibility for the Nonresident Crippled Child — 58
Book and Periodical Notes — 58

MATERNAL, INFANT, AND CHILD HEALTH

Infant Mortality in the United States — 59
Book and Periodical Notes — 60

CHILD LABOR

Reducing Child Labor on Connecticut Tobacco Plantations — 62
Sugar Act of 1937 — 63
News Notes—International — 63
  INTERNATIONAL CHILD-LABOR STANDARDS RAISED
  I.A.G.L.O. MEETS IN TORONTO
Book and Periodical Notes — 64

SOCIALLY HANDICAPPED CHILDREN

Recent Legislation Relating to State and County Welfare Departments — 65
Book and Periodical Notes — 66

OF CURRENT INTEREST

World's Fair Plans — 67
Announcements — 68
  FIFTH SEASON OF HEALTH BROADCASTS ANNOUNCED
  NEW APPOINTMENTS TO SOCIAL SECURITY BOARD
  DELEGATES APPOINTED TO INTERNATIONAL CONGRESSES IN ROME
Conference Calendar — 68

For sale by the Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1.00 a year; postage additional outside the United States.

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

S O

U. S. SUPERINTENDENT OF DOCUMENTS
1937

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 3 September 1937

GENERAL CHILD WELFARE

THE ADVISORY COMMITTEE ON SOCIAL QUESTIONS OF THE LEAGUE OF NATIONS

BY HENRY B. HAZARD, ASSISTANT TO THE COMMISSIONER OF IMMIGRATION AND NATURALIZATION, UNITED STATES DEPARTMENT OF LABOR

The Advisory Committee on Social Questions of the League of Nations held its first session since its reorganization at Geneva, Switzerland, from April 15 to May 1, 1937.[1] This Committee succeeded the former Advisory Commission for the Protection and Welfare of Children and Young People which had been divided into two committees, the Traffic in Women and Children Committee and the Child-Welfare Committee. The scope of the work of the new Committee is the same as that of the former Commission, its duty being to advise the League Council on two subjects: (a) traffic in women and children (and traffic in obscene publications); and (b) child welfare.

The membership of the former Commission included representatives of 15 Governments and assessors representing 21 international voluntary organizations. Under the reorganization the Advisory Committee is to consist of representatives of not more than 25 Governments and experts nominated as assessors in the field of their special experience. Twenty-one Governments are represented on the Committee. Katharine F. Lenroot, Chief of the Children's Bureau, regular member of the Advisory Committee, was unable to attend and was represented by Henry B. Hazard, Assistant to the Commissioner of Immigration and Naturalization.

Dr. Estrid Hein of Denmark was appointed chairman of the Committee for the 1937 session, M. Yokoyama of Japan, vice-chairman, and Charlotte Whitton, C.B.E., of Canada, *rapporteur* for the framing of the report of the Committee's deliberations.

Subjects upon the agenda included, in addition to review of the report of the Director of the Social-Questions Section and the annual reports of Governments, general study of the problem of erring and delinquent children, the child born out of wedlock, placing of children in families, suppression of the exploitation of prostitution, and future work of the Committee.

The new Committee spent considerable time in drawing plans for the future on the basis of an admirable survey of the work already accomplished as reviewed by the delegate of Chile, M. Gajardo. The Advisory Committee suggested that its activities should be classified under three headings: A center of international documentation; a center of study which would conduct, direct, or initiate international or national inquiries on social questions; and a center of action to organize cooperation among governments and private organizations dealing with international social questions.

The welfare of the young is such a broad subject that it cannot be studied adequately apart from the welfare of the family. It is closely linked, in many of its aspects, with measures of general social assistance. With these points in mind, the Advisory Committee indicated in outline the various divisions into which the whole subject falls, at the same time realizing that some of its subheads would fall outside of the terms of reference of the Committee. Included in this outline are the following headings: The child and the family (general); the protection of maternity and infancy; the protection of the child of preschool age; the protection of the child of school age and the adolescent; the economic protection of the young (including social assistance); leisure and recreation; and the protection of the neglected and the delinquent.

---

[1] Report on the work of the Committee in 1937 (First Session), reviewed elsewhere in this issue.

The Committee was encouraged by the comprehensive reports forwarded by 29 Governments dealing with progress in child care and protection in the past year, clearly evidencing a progressive development in the sense of responsibility of the State for the protection of child and family life as vital to its welfare. Generally, there is a tendency to provide for health and welfare measures, including measures of social assistance, as distinct from social insurance, and to increase provision in many countries for the special training of personnel engaged in social welfare and public health. Most significant also is the trend toward governmental measures for the preservation of home and family life. Among the interesting developments reported for the United States was the system of Federal grants to the States under the Social Security Act for aid to dependent children, maternal and child-health services, services for crippled children, and child-welfare services.

The report of the liaison officer with the Health Organization of the League of Nations on the social aspects of health and nutrition dealt with extensive milk inquiries, housing, physical training in its physiological aspects, and maternal mortality.

The delegate of Canada submitted a valuable report for the Mixed Committee on the Problem of Nutrition showing that nutrition as a problem in consumption depends primarily upon the amount of income at the disposal of the family or individual and upon intelligent use of income from the point of view of food and health. The problem was shown to be one of education where the income is reasonably adequate, but one of social assistance and educational effort where income falls below reasonable minimum living standards. A report on juvenile employment and child welfare was submitted by the liaison officer of the International Labor Office and one on the cinema and child welfare by the representative serving as liaison officer with the International Educational Cinematographic Institute.

The study of the problem of erring and delinquent children dealt with principles applicable to the functioning of juvenile courts and similar bodies--their auxiliary services and institutions, age of criminal responsibility, placing of children in families, and child-welfare councils.

A Corresponding Subcommittee, with Mme. J.E. Vajkai as *rapporteur*, and Miss Lenroot and Miss Whitton as members, had been created at the 1936 session for continuance of the study of placing of children in families. Miss Whitton, by agreement of the Subcommittee, presented at the 1937 session material prepared, without expense to the Committee, by experts. This consisted of the first 3 chapters of the report prepared in Canada by Robert E. Mills, Director of the Children's Aid Society of Toronto and member of the board of the Canadian Welfare Council; a chapter prepared by Elsa Castendyck, of the United States Children's Bureau; and descriptions of child placing in eight countries on which preliminary work by Anna Kalet Smith, also of the United States Children's Bureau, had been completed.

After general discussion by the Advisory Committee of the outline and proposed procedure, in view of the importance of the subject, this material was referred to a special subcommittee with the delegates of Canada and the United States among the membership. On the subcommittee's recommendations, the Advisory Committee decided to invite Miss Whitton to act as *rapporteur* for the subject of the placing of children in families, to give this study priority on the agenda of 1938 with a reservation of at least 2 days for discussion at that time, and to make arrangements to assure the continued collaboration of Mme. Vajkai as expert. The Committee also decided to have a detailed plan of work concerning study of the child born out of wedlock submitted for consideration at its 1938 session.

Progress in international legislation concerning traffic in women and children was reported by the Director of the Social-Questions Section, including ratifications by certain countries of conventions upon the subject, and progress in the abolition of licensed and tolerated houses in various countries. The French delegate gave the outline of the French draft law on the prophylaxis of venereal disease, which was accompanied by a statement to the effect that the great majority of doctors and legal men agree in accepting the solutions championed so long and with such enthusiasm by the proponents of the "abolitionist" theory, and that it appears today from experience in a large number of foreign countries, as well as in a certain number of French towns, that the "regulationist" system could be relinquished without any aggravation of the danger which it seeks to circumvent. The Japanese delegate stated that, encouraged by the very marked tendency of public opinion in favor of the abolition of licensed or tolerated houses, the Japanese Government foresaw their total abolition in the near future. The Mexican delegate declared that Mexico was in process of changing from regulation to total abolition, and the Chinese delegate repeated that the policy of his country was in principle abolitionist.

The Director of the Social-Questions Section reported the results of the Conference of Central Authorities in Eastern Countries held in February 1937 at Bandoeng, Java.[2] The committee expressed unanimous approval of the way in which the conference was prepared and carried out, and satisfaction with the results of the conference. Special stress was laid on the importance of the resolution of the conference dealing with the abolition of licensed houses of prostitution, which marks a significant development and is in conformity with the important convention which the Advisory Committee then had under consideration.

A draft international convention for the suppression of the exploitation of prostitution was discussed and referred to a subcommittee representing six Governments, including the United States, to formulate a definitive draft. This is to cover particularly the activities of the *souteneur* and all persons who are concerned in the keeping of brothels. The subcommittee met at Paris in June 1937 and agreed to the language of a convention to be submitted to the League Council with a view to having it referred to Governments, members and nonmembers of the League, for new examination. The Advisory Committee agreed to request the Council to instruct the Secretary General to place on the agenda of the ordinary meeting of the League Assembly in 1938 the question of the convocation of an intergovernmental conference for the conclusion of a convention on this subject. The next meeting of the Advisory Committee on Social Questions is scheduled to convene April 21, 1938.

---

[2] Notes on the Conference of Central Authorities in Far-Eastern Countries, Convened by the League of Nations, at Bandoeng, Java, in February 1937, reviewed elsewhere in this issue.

NEWS AND READING NOTES

Minimum age for marriage raised by new State legislation

Two States and the District of Columbia raised the statutory minimum marriage age by laws passed in 1937, according to information now available. In the District of Columbia and in Rhode Island the minimum marriage age was raised to 18 years for boys and 16 years for girls, and in Tennessee it was raised to 16 years for both boys and girls. The new laws in Rhode Island and in Tennessee provide that judicial consent be required for the marriage of children under the minimum marriage age.

Proceedings of National Recreation Congress published

Proceedings of the Twenty-second National Recreation Congress (National Recreation Association, 315 Fourth Ave., New York, 1937, 151 pp.) contains papers given by John H. Finley, Aubrey Williams, Dr. Edwin C. Broome, V. K. Brown, Ernst Hermann, Hon. Harold G. Hoffman, Dr. Melvin E. Haggerty, Rabbi Abba Hillel Silver, and Dr. James S. Plant.

Summaries of discussion groups cover many topics, including recreation requirements for modern youth, problems in rural recreation, camping, adequate recreation for colored groups, nature activities, musical possibilities, arts and crafts, programs for industrial employees, and personnel and administrative problems.

National Congress of Colored Parents and Teachers issues proceedings

Proceedings of the Annual Conventions of the National Congress of Colored Parents and Teachers 1927 to 1936 (20 Boulevard, NE., Atlanta, 1937; various paging) contains the minutes of all annual sessions since the founding of the National Congress of Colored Parents and Teachers.

BOOK AND PERIODICAL NOTES

A. Social-Work Techniques

PERSONALITY AND THE CULTURAL PATTERN, by James S. Plant, M.D. Commonwealth Fund, New York, 1937. 432 pp. $2.50.

The book is divided into three parts: "A new approach to the understanding of the personality"; "Examples of the interaction of the personality and the environment"; and "Towards an individual-centered culture." In the third part are discussed the several social institutions--the family, the school, recreation, law and order, social work, medicine, the Church, and industry. The book closes with a discussion of "Education for Change."

The author, who is Director of the Essex County Juvenile Clinic, states that this book recapitulates a developing point of view over the last 14 years, during which time some thousands of children and their parents have talked over their problems with the staff of the clinic, and the staff have conducted discussions as to findings with groups of social workers, teachers, physicians, nurses, employers, and parents.

It is impossible to do justice to the thought-provoking character of the book in a brief review. The author is convinced that the usual psychiatric formulations for the problems of children are inadequate. For the amelioration of environmental pressures he believes it is necessary to see conduct as a symptom, as a necessary sequel of the pressure which the institution is placing upon the individual. As a new source for data on the personality, he suggests what can be learned from the individual at the moment of his first and perhaps temporary break with his environment--the "casual breakdown." It is suggested that the truancy, lying, or stealing of the casual breakdown be studied as the "normal reactions of normal people to abnormal conditions."

Changing the environment to meet the needs of the individual is believed to be perhaps a more possible task than attempts to modify the personality "artificially." An "individual-centered world" is described as "a world in which events and institutions are seen in the light of what they mean to the lives of people."

One of the most valuable aspects of the discussion, from the point of view of clinical analysis of environmental pressures on the personality, is the distinction drawn between the concept of security, or "belongingness," and the concept of "adequacy," with the inverse concepts of insecurity and inadequacy as basic factors in individual breakdown.

The search for meanings and relationships is described as fundamental in the practice of medicine, psychiatry, social work; in the family, the school, religion; and in the work of law and order agencies and recreational agencies. The author believes that social work stands at the cross roads. "Because it alone of the social institutions ministers to all aspects of the individual's adjustment it is yet free to see and develop its twofold task." This task is described as the "constant stream of valid information as to what the pressures of the various institutional structures mean to the individual; and as its contribution to the client in terms of a living through of the problems of adjustment in which worker and client alike share in the dangers and triumphs of the quest." If, on the other hand, social work crystallizes about one of the needs of all people, as, for example, financial security, it will gain prestige but its value as a source of research material will disappear and its value to the client will seriously shrink.

K.F.L.

THE SHORT CONTACT IN SOCIAL CASEWORK; a study of treatment in time-limited relationships in social work, by Robert S. Wilson, Ph.D. National Association for Travelers Aid and Transient Service, New York, 1937. 201 pp. $2.50 per set.

This material is the outgrowth of the efforts of the Training Committee of the National Association for Travelers Aid and Transient Service. Part of the study was devoted to the short contact as it is used in social case work where time for various reasons is limited. Volume 1, Theory, discusses the theory of the short contact, its definition, philosophy, and technique, and its application particularly to travelers aid and public assistance. The appendix deals with this type of contact in medical social work and in the service of the home economist.

Volume 2, Cases, contains 25 illustrative records, grouped to illustrate treatment completed in a limited time, cases transferred to other agencies, and cases where applications were rejected.

DEVELOPMENT OF LANGUAGE AND VOCABULARY IN YOUNG CHILDREN, by Harold M. Williams, Ph.D., Mary L. McFarland, and Marguerite F. Little. Studies in Child Welfare, vol. 13, no. 2. University of Iowa, Iowa City, 1937. 91 pp.

Parts 1 and 2 of this study are concerned with the theoretical and technical questions involved in analyzing the speech sound of young children and with the steps by which new methods of measurement have been developed. Part 3 presents a revision of the Smith vocabulary test for preschool children. Part 4 comprises an account of the construction and utilization of a new scale of language achievement, applicable from birth to six years. Manuals for the use of the scales are included in the monograph. Photographic materials may be obtained from the Iowa Child-Welfare Research Station at cost.

SOUND RECORD SYSTEMS FOR GROUP-WORK AGENCIES, by Edna d'Issertelle. *Better Times*, vol. 18, no. 36 (June 7, 1937), pp. 15-16.

These suggestions for working out and judging record-keeping systems for group-work agencies are presented by the chairman of the Committee on Group-Work Recording, Girls' and Boys' Work Section, Welfare Council of the City of New York, and adviser on local organization for the Girl Scouts.

B. International Child Welfare

SOME AMERICAN PIONEERS IN SOCIAL WELFARE: Select Documents with Editorial Notes, by Edith Abbott. University of Chicago Press, Chicago, 1937. 189pp.

"The material in this volume may be called a 'preprint' from a documentary history of social welfare in England and America which will be published during the year 1938." It contains articles on Benjamin Rush, Benjamin Franklin, Thomas Eddy, Stephen Girard, Samuel Gridley Howe, Dorothea L. Dix, and Charles Loring Brace.

REPORT ON THE WORK OF THE COMMITTEE IN 1937 (FIRST SESSION). Advisory Committee on Social Questions. Series of League of Nations Publications IV. Social 1937. IV, 5. Geneva, 1937. 39 pp.

This is the official report of the first session of the Advisory Committee on Social Questions of the League of Nations since its reorganization in 1936. In it, the *rapporteur*, Charlotte Whitton, delegate of Canada, has presented in highly condensed form the essentials of the mass of material presented at the meetings.

Section 1 covers the administration and organization of the Committee. In sections 2, 3, and 4, the reports presented and the deliberations of the Committee are summarized under three general headings: The normal life of the child in the family; children and young persons in danger of neglect or delinquency; and traffic in women and children. Section 5 contains resolutions adopted by the Committee. There are also five appendices, containing the agenda, outlines for special studies being conducted by the Committee, and a report on the Conference of Central Authorities in Eastern Countries.

NOTES ON THE CONFERENCE OF CENTRAL AUTHORITIES IN FAR-EASTERN COUNTRIES, CONVENED BY THE LEAGUE OF NATIONS AT BANDOENG, JAVA, IN FEBRUARY 1937. Issued by Association for Moral and Social Hygiene in India, New Delhi, India, 1937. (International Headquarters, Rue de l'Hotel de Ville 8, Geneva). 19 pp.

Events leading up to the Conference of Far Eastern Authorities in Java are summarized in this report. The statement submitted by the Association for Moral and Social Hygiene in India is given in full. This statement discusses changes in traffic in women and children in India since 1931, prevention of traffic in women and children through the control of migration, the possibility of abolishing licensed houses in the East, and the position of Russian women in the Far East.

The agenda of the conference and its conclusions and recommendations are also given. The conference declared itself in favor of the ultimate abolition of prostitution.

MEMORIA DEL VII CONGRESO PANAMERICANO DEL NIÑO REUNIDO EN LA CIUDAD DE MEXICO DEL 12 AL 19 OCTUBRE DE 1935. Talleres Graficos de la Nacion, Mexico, 1937. Tomo I, 1157 pp.; Tomo II, 637 pp.

The two volumes of the proceedings of the Seventh Pan American Child Congress held in Mexico City in October 1935 are now available. Some of the papers which were delivered in English are printed in both English and Spanish, and a summary of conclusions of some of the Spanish papers is given in English. The section on prenatal hygiene includes a report on mortality among prematurely born infants by Ethel C. Dunham, M.D. The section on social services includes papers by Katharine F. Lenroot on national and international services in behalf of American childhood; by Sophonisba P. Breckinridge on professional education for child-welfare workers; and by Ruth Evelyn Henderson on children's work for children, a report of the American Junior Red Cross.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

"CHILD-WELFARE SERVICES" IN THE DISTRICT OF COLUMBIA

BY A. MADORAH DONAHUE, DIRECTOR, CHILD-WELFARE DEMONSTRATION UNIT,
BOARD OF PUBLIC WELFARE OF THE DISTRICT OF COLUMBIA

Ed. Note.--The District of Columbia was specifically named in the Social Security Act as being eligible for participation in the child-welfare services and other services for children on the same basis as any State.

The child-welfare demonstration provided for by grant of social-security funds from the Children's Bureau has given the Board of Public Welfare of the District of Columbia a long-wanted opportunity. Although the Child-Welfare Division of the Board for many years has given protective service to children, its limited resources have made adequate service impossible. The project is a demonstration in coordinating community resources in case work for the prevention of child dependency, neglect, and delinquency. Its purpose is to establish the pattern for a well-coordinated service to children in need of public protection and care and to stimulate lay groups in the community to work for correction of conditions contributing to child-welfare problems. Because it is not possible with the available staff to carry on a demonstration throughout the city, an area comprising eight census tracts in the northeastern section was chosen.

The Board of Public Welfare desired to undertake this plan because there have developed in the District of Columbia policies by which a disproportionate number of dependent children are cared for away from their own families. In its latest census of dependent children the Bureau of the Census as of December 31, 1933, showed that 1,966 children in the District of Columbia were cared for in institutions or foster homes. This means that because of dependency or neglect 16 of every 1,000 children under 18 years of age in the population of the District are cared for away from their own homes by public and private organizations.

The District has also a high ratio of delinquency. Two factors have contributed to this: (1) the absence of public home relief until 1932 and (2) the large number of private institutional resources and the public care available for dependent and neglected children outside their homes. The result has been little recognition and treatment of child-welfare problems as related to the home. The situation has been further complicated by the statutory requirement for a judicial finding of dependency, neglect, or delinquency before funds may be used for foster care.

An administrative set-up has been provided to give careful study and skillful case-work services to a limited number of children. Before the type of project was decided the Board of Public Welfare sought the assistance of an advisory committee made up of executives of local public and private agencies. After the unit was organized a case committee was built up, composed of case-work supervisors in the local family-service and child-protective agencies. This committee has met regularly since December 1936, helping to define intake and guiding the work. Early in its activities three lay persons with special interest in social work and civic progress were added to the group.

Perhaps the most significant development in the case-work service has been the progress in coordinating the work of the Demonstration Unit with the services of private and public agencies. Through the case committee representatives of the different family and protective agencies have been brought together for case discussions. Members of the group have expressed the opinion that the case committee is an instrument for clarifying issues in the whole field of case-work service for children in the community and for securing needed coordination of services.

A few instances of the ways in which the services of several agencies dealing with one family have actually been coordinated may prove interesting.

Two brothers aged 13 and 14 years were referred to the unit by the social-service department of a hospital through a psychologist on the staff of its guidance clinic. All direct contact with the family is through the case worker from the unit, and through the social inquiry made by the unit coordination of services has been planned. In this plan have been integrated the interest of doctors and of the social-service department of a second hospital where the mother has been a patient, of the psychologist responsible for institutional placement in another city of the older boy, and of a local parish organization of the church attended by the family.

Another situation involves three brothers aged 9, 12, and 14 years, referred to the child-welfare unit by the Police Department as delinquency problems. The youngest boy, a post-encephalitis case, was very soon placed in a convalescent home for study and for needed care. It was recommended that he be placed for a fairly long time away from the parental home, in an environment which would eliminate the stress incident to living in the ordinary family home and attending the regular elementary school. A local private protective agency has accepted this child and is paying for an initial placement of several months in a 24-hour-a-day school where conditions will be almost ideal for him. This includes acceptance by the private agency of the information and recommendation of the Demonstration Unit. During the initial placement decision will be made whether this cooperative arrangement, with supervision of the child by the Demonstration Unit, will continue or whether the case should be transferred entirely to the private agency. The other two brothers went during the summer to the camp operated by the boys' clubs of the Police Department and will be given membership cards in in one of these clubs.

A colored women's club asked that service and assistance be given to a colored family so that the mother, who was out working daily, could be at home with her children. The father, though a steady worker, has a very low earning capacity. The representative of one of the private family agencies called attention to information in the record of her agency which indicated that whenever there was adequate income in this family the mother was at home and was able to attend to the health and other needs of the children. The discussion resulted in the reopening of the case by this agency with a plan for service and financial assistance for a period of at least 2 years.

Cooperative arrangements have been effected by the Demonstration Unit with several branches of the public service and are working out satisfactorily. The Public-Assistance Division of the Board of Public Welfare gives relief when needed in families served by the case worker of the unit. When it is necessary for the Public Assistance Division to visit a family regarding expenditure of public funds, the visit is made jointly by the workers of the two departments. The Department of School Attendance is leaving to the Demonstration Unit direct contact with families known to these two offices. The nursing service of the Health Department interchanges information on health problems within the family with social information acquired by the Demonstration Unit. Cases have been referred to the unit by the Police Department, the schools, divisions of the Board of Public Welfare, private agencies, and civic groups.

The problems presented in the situations dealt with by the unit may be classified generally as problems of the children and problems in family life. Problems of the children have been mainly petty stealing, truancy (not extreme) or other school difficulties, health problems, dissatisfactions apparently traceable to the child's limitations, and immature attitudes with too great dependence on the mother. The problems in family life are found in the main to be related to mental and physical health of the parents and to marital difficulties. The few instances noted of character defects appear to be due to limitations of the parents or to problems of mental or physical health.

The concern of the unit regarding the case-work service now is chiefly with the types of problems referred to it. The cases selected, as the project continues, should be those showing incipient problems, rather than those marked by problems of long standing. A few cases of incipient problems have been dealt with. The majority of cases have presented problems which have been developing over a long period of time and which call for a rather long-continued service to the family. Apparently many of the problems that later develop into situations requiring court action as the means of handling neglect or dependency are not being brought early to agency attention. How to divert more of these to the Demonstration Unit in their early stages is now our problem.

Members of the case committee have expressed the opinion that the unit should take only situations which indicate a response to case-work service in a reasonable time, probably within a 6- or 8-month period. Whether the unit should continue in a demonstration to carry problems not of this type must be worked out with the participating local agencies.

From this cooperative experience should come such changes in the law under which the Board of Welfare operates and such additional personnel as will enable the public agency to develop a strong protective service. This would lessen considerably the need for commitment of children as wards of the public agency.

RESPONSIBILITY FOR THE NONRESIDENT CRIPPLED CHILD

Reciprocal agreements between States in regard to services for individual crippled children whose parents have not yet acquired residence in a State to which they have moved or who are living temporarily in a State in which they are not legal residents are being developed under the social-security program.

If a child eligible for medical care is a bona fide resident of a State administering a program of services for crippled children under the Social Security Act, it has appeared to be a desirable policy for the official agency in that State to assume responsibility for meeting the cost of medical care until the family has established residence in the State to which it has moved or until the child has returned to his home State. Federal funds brought into the State program on a matching basis under the Social Security Act can be expended for this purpose. In such instances, the quality of services can be safeguarded by the official agency in the State where the child is receiving medical care. The development of such policies means that crippled children will not be denied the necessary medical care because of residence restrictions. This is undoubtedly the intent of the social-security legislation.

One such reciprocal agreement is that concerning Lucy May.

Lucy May was first examined at a North Carolina clinic for crippled children when she was only a year old. Her right knee was stiff and swollen. The orthopedic surgeon diagnosed the case and advised hospitalization. It was several months before facilities for hospitalization through the services for crippled children established by the State agency under the Social Security Act became available. When at length a bed was available, Lucy May and her family could not be found. It was finally discovered that they had moved to Colorado, hoping to benefit Lucy May. But in Colorado she was not eligible for assistance until her family had established a year's residence.

Fortunately, it was possible to work out a reciprocal agreement between the two States concerned, through the patience and cooperation of the State agencies and of the county in Colorado to which the family moved. The medical social worker attached to the Colorado agency arranged for Lucy May's care in the county hospital, since the State law did not permit it to assume the responsibility until residence was established. The county was reimbursed for this first hospitalization by the North Carolina agency at a per diem rate agreed upon, which did not exceed the North Carolina rate.

North Carolina agreed to finance further needed care until a year's residence was established in Colorado or until the family returned to North Carolina, on condition that the North Carolina agency be given advance notice of indicated needs with the privilege of approving or disapproving the expenditures involved.

In acknowledging this agreement, the Colorado agency pointed out: "The acceptance by your State of this first responsibility will materially aid other States in formulating a similar . . . policy with the hope that care for all crippled children will be assured wherever they are in the United States."

The Nebraska State plan for services for crippled children under the Social Security Act now includes a provision that the State agency will assume financial responsibility for needed medical care for children whose families are legal residents of Nebraska but who are temporarily living in another State. It is hoped that other States will adopt similar provisions in their State plans in order to facilitate the handling of cases of this nature.

BOOK AND PERIODICAL NOTES

SOCIAL SECURITY IN AMERICA; the factual background of the Social Security Act as summarized from staff reports to the Committee on Economic Security. Publication No.20, Social Security Board. Washington, 1937. 592 pp. For sale by Superintendent of Documents, at 75 cents (paper).

The purpose of this publication is to make available to interested persons the most important part of the data gathered by the staff of the Committee on Economic Security in 1934, and to provide a partial statement of the factual background underlying the Social Security Act itself. The staff studies have not heretofore been published in any collected form.

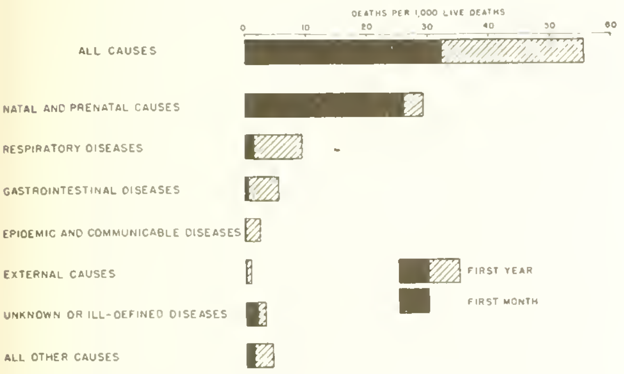
The part entitled "Security for Children" is based on material provided by the Children's Bureau. This describes existing facilities and needs in the fields of aid to dependent children, welfare services for children needing special care, and maternal and child-health services.

MATERNAL, INFANT, AND CHILD HEALTH

INFANT MORTALITY IN THE UNITED STATES

Infant-mortality figures for 1935 show that prenatal and natal causes were responsible for more than half of the deaths of infants in the first year, and about four-fifths of the deaths of infants in the first month of life. The mortality rate from these conditions, which include premature birth, congenital malformations, injury at birth, congenital debility, other diseases of early infancy, syphilis, and tetanus, was 29.3 for the first year and 26.1 for the first month. Respiratory diseases were second in importance as a cause of death among infants both in the first year and the first month of life. Gastrointestinal conditions were third in importance.

MORTALITY IN THE FIRST MONTH AND THE FIRST YEAR OF LIFE FROM SPECIFIED GROUPS OF CAUSES, UNITED STATES, 1935



SOURCE REPORTS OF U S BUREAU OF THE CENSUS

Urban and Rural Variations

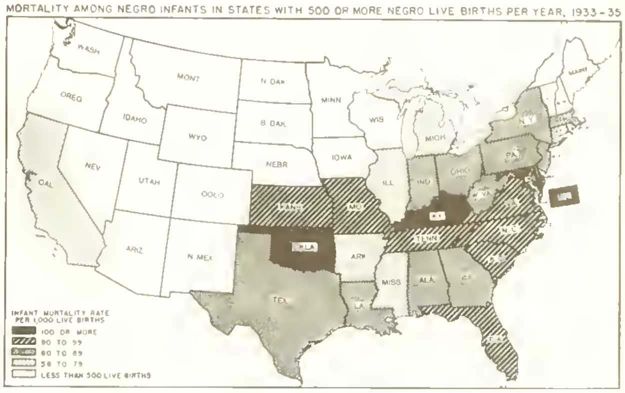
Of the 2,155,105 infants born alive in 1935 in the United States, according to census figures, 1,157,773 (54 percent) were born in rural areas and 997,332 (46 percent) were born in cities with 10,000 or more population. Physicians attended 81 percent of the births in rural areas as compared with 95 percent of the births in cities. Midwives attended 17 percent of the births in rural areas and 3 percent of the births in cities. Of the births in rural areas only 11 percent occurred in hospitals as compared with 67 percent of the births in cities.

Of the 120,138 infant deaths in the United States in 1935, 66,299 (55 percent) occurred in rural areas and 53,839 (45 percent) in cities. The infant mortality rate in 1935 in rural areas was 57 per 1,000 live births as compared with 51 in urban areas. Prior to 1929 urban rates were higher than rural. Infant mortality rates in both urban and rural areas have decreased but the rate of decrease has been significantly faster in urban than in rural areas. The decrease in both urban and rural districts has been largely due to reduction in mortality from gastrointestinal diseases but the rate of decrease has been greater in the cities than in country districts.

Variations Between Negroes and Whites[1]

Each year more than 250,000 Negro infants are born alive in the United States. In 1935, of the 2,155,105 live births registered, 1,888,012 (88 percent) were white infants and 255,124 (12 percent) were Negro infants. Almost two-thirds of these Negro infants were born in rural areas of the South, but in every large southern city and in many large northern cities many Negro infants are born each year.

MORTALITY AMONG NEGRO INFANTS IN STATES WITH 500 OR MORE NEGRO LIVE BIRTHS PER YEAR, 1933-35



Of the Negro live births in 1935, 56 percent were attended by midwives and 43 percent by physicians. Only 17 percent of the Negro live births occurred in hospitals. Of the white live births 91 percent were attended by physicians (40 percent by physicians in hospitals).

---

[1] See Infant and Maternal Mortality Among Negroes, by Elizabeth C. Tandy, D.Sc. Children's Bureau Publication No. 243. Washington, 1937. 28 pp. (In press.)

The results of special research on infant and maternal mortality among Negroes, based on statistics issued by the Bureau of the Census and on statistics from the special study of causes of stillbirth in hospitals are especially pertinent in relation to the maternal and child-health programs being developed under the Social Security Act. Practically all States with large Negro populations are giving special attention to the problems of mortality among Negro infants and mothers.

The mortality rate of Negro infants in the United States, 1933-35, was 86 per 1,000 live births as compared with 53 for white infants. In every State with 500 or more Negro live births annually the mortality rate of Negro infants was in excess of that for white infants. In the District of Columbia and 2 States the mortality rate of Negro infants was more than double, and in 18 other States more than 50 percent higher than, that for white infants. More than half of the deaths among Negro infants occurred in the first month of life. The neonatal mortality rate for Negro infants was 45 per 1,000 live births as compared with 32 for white infants. Mortality rates from every type of cause were higher among Negro infants than among white infants. The mortality among Negro infants in each period of the first year of life decreased greatly during the period 1915-35, but the 1935 rates were practically as high as those for white infants in the earliest years of record.

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

REVIEW OF RURAL HEALTH PRACTICE, by Harry S. Mustard, M.D. Commonwealth Fund, New York, 1936. 603 pp. Price, $4.

Many of the publications dealing with public-health problems have been written by persons most familiar with conditions in the larger towns and cities. Dr. Mustard's book is directed to the rural worker. In the chapter on the maternity-hygiene program, for instance, the midwife question is presented from the point of view of the rural health administrator:

> The medical profession does not look kindly upon the midwife nor does the public-health organization, although their attitudes differ. The rural physician in general would say that somebody ought to pass a law prohibiting midwives from practicing, and to a certain extent he is probably right. The rural health department is perhaps more philosophic, though not less concerned. The public-health administrator would be glad to see the service of midwives replaced by high-grade obstetrics. At the same time, he recognizes that the midwife is inextricably bound up in custom and tradition, that her presence is more or less demanded by economic stress, on the one hand, and a low public educational level, on the other; and that even though these factors may be gradually offset, the midwife can be made to disappear no more quickly than medical service is supplied for those women who, in the absence of a midwife, would have to face confinement without any attendant. It is one of those questions which can be met only by systematized public action.

Regarding intrapartum service, Dr. Mustard states:

> One of the greatest weaknesses in rural maternity service is that it does not, as a rule, render assistance at the time of labor. From the administrative standpoint, the one physician and one or two nurses found on the rural health department staff would have no time for other activities if deliveries were undertaken as a routine. But aside from these considerations, it stands out quite clearly that the health-department program leaves a wide gap when it furnishes antepartum and postpartum services but at the extremely important time of delivery does not function. Delivery service, including nursing assistance, should be supplied by the health department from public funds for those otherwise unable to obtain it.

PUBLIC-WELFARE AGENCIES AND HOSPITALS; a study in relationships, by Nelle L. Williams. American Public Welfare Association. Chicago, 1937. 54 pp. 50 cents.

Underlying Miss Williams' study, which was made under the supervision of the committee on hospital relationships of the American Public Welfare Association, is the general question of using public funds for nongovernmental hospitals.

The purpose of the study is to describe examples of local and State plans through which public funds were used to furnish hospital service, to indicate the basis and rates of payment employed, and to ascertain the administrative problems and difficulties encountered from the point of view of welfare agencies on the one hand and the hospitals on the other. The study brings out policies and problems which may suggest methods serviceable to welfare officials and hospital administrators elsewhere, as well as difficulties that may be avoided.

HANDBOOK OF ORTHOPAEDIC SURGERY, by Alfred Rives Shands, Jr., M.D., and Richard Beverly Raney, M.D. The C.V. Mosby Co., St. Louis, 1937. 593 pp. $5.

This book was compiled by Dr. Shands and Dr. Raney to serve as a ready reference book for practitioners and for advanced students in medical schools. As indicated by the title, this is a "handbook" and not a complete treatise. The attempt has been made to give the essentials of all orthopedic conditions and to allow the investigator to proceed further by means of articles referred to in the bibliography. The bibliography is sufficiently general and complete to offer opportunity for further intensive study of any subject in the field.

The text has had the benefit of review and criticism from a large group of well-known practitioners and teachers of orthopedic surgery. The chapter arrangement is based on a combined system of grouping subjects.

A.V.

REPORT OF HOSPITAL SURVEY FOR NEW YORK. Volume 2. Study Committee, United Hospital Fund. New York, 1937. 1246 pp.

In this volume the results of a study made for the United Hospital Fund under the direction of Haven Emerson, M.D., are presented. The study covers present hospital facilities and future needs of New York City and its metropolitan areas.

Extensive and detailed conclusions and recommendations are given, covering all aspects of hospital care, as well as out-patient service and medical care of the sick in their homes.

Basic to the recommendations concerning hospitals is a recommendation that a planning group be set up to review and pass upon all proposals for major capital expenditures in the interest of organized care of the sick, especially those for increasing bed capacity of voluntary municipal and county hospitals. It is further recommended that the needed increase in hospital facilities for the sick poor be accomplished (1) by diverting to ward service some of the private beds in voluntary hospitals caring for public charges; (2) by using for public charges suitable voluntary hospitals; and (3) by increasing bed capacity of municipal hospitals.

In connection with maternity care it is recommended that more effective supervision be maintained by State and local authorities over small voluntary and proprietary hospitals giving maternal care in order that higher standards of professional care may be required; that prenatal facilities be made available on a district or neighborhood basis; and that voluntary hospitals be remunerated from public funds for care of maternity cases eligible for free care whether admitted as emergency cases or as prenatal patients.

EXAMINATION OF THE CHILD, by Joseph Brennemann, M.D. Reprinted from Brennemann's Practice of Pediatrics, vol. i, chapter 19. W.F. Prior Co., Hagerstown, Md. 40 pp.

The Children's Bureau has available for distribution a limited supply of reprints of Dr. Brennemann's article on the examination of the child which appeared in Practice of Pediatrics. This covers the taking of the history, general rules of procedure, and a detailed account of the method of the physical examination itself.

THE EFFECT OF FAMILY INCOME ON A CHILD'S GROWTH, by Martha M. Eliot, M.D. *Medical Woman's Journal*, vol. 44, no. 8 (August 1937), pp. 221-224.

This paper was given as a radio address April 21, 1937, in a series under the joint auspices of the National Congress of Parents and Teachers, the American Academy of Pediatrics, and the National Broadcasting Company. On the basis of studies made by the Children's Bureau, Dr. Eliot shows that "adequate family incomes are indispensable if children are to have their right to a fair start in life and opportunities for normal growth and development. But income alone is not enough. It must be accompanied by more adequate organization of the Nation's resources to provide in rural and needy communities the health and social services, the schools and playgrounds that only the community can provide."

CHILD LABOR

REDUCING CHILD LABOR ON CONNECTICUT TOBACCO PLANTATIONS

Child labor has long been used in tobacco cultivation. In recent years the State of Connecticut, where there are large tobacco plantations and where the child-labor law does not apply to employment in industrialized agriculture, has developed a program which has reduced markedly the amount of child labor used in growing tobacco. This program, dating from 1932, rests on agreements entered into by the Connecticut Department of Labor with individual growers, by which the growers agree not to employ children under 14 years of age. Approximately 90 percent of the growers signed these agreements in 1932 and they have been renewed annually.

With the consent of the growers the State Department of Labor from season to season has inspected the tobacco plantations for child labor and also for violations of labor laws. Through the cooperation of the State Department of Health, which has full authority to enforce sanitary standards, living accommodations have also been inspected. This program of voluntary control is being continued through the present crop season, according to communications received from the Connecticut Department of Labor.

The extent to which this program has been effective and also its shortcomings are indicated in a report of the Connecticut Department of Labor describing the working and living conditions on eight tobacco farms inspected in July 1936.

According to this report, child labor is far less common than before the signing of the child-labor agreements. Formerly many children 8 or 9 years of age worked in the fields. On the eight plantations inspected in July 1936 only a few children reported as being under 14 years of age were found at work. However, foremen stated that some of the boys and girls probably misrepresented their ages, since the children knew that they should be at least 14 years old to secure employment. On only one plantation did the employer require children under any circumstances to verify their stated ages by presenting birth certificates.

The Connecticut Department of Labor reported wages paid to tobacco workers on these eight farms in 1936. Unskilled workers in the sheds were paid from $1.25 to $1.75 per day. Girls and women who worked in the drying sheds sewing tobacco leaves together and stringing them on racks were paid on a piece-rate basis and earned about $1.80 a day in their first season and about $2.50 a day in their second. The pickers working in the humid air under the tents shading the growing tobacco received from $1.25 to $2 a day. These were frequently school boys on vacation. The older boys who dragged the baskets of leaves to the wagons earned from $2 to $2.50 a day. In some instances, boys were paid a lower rate than men for the same type of work.

The employees on five of the eight plantations inspected worked 9 hours a day and 54 hours a week; two plantations operated on a 9½-hour day and 57-hour week; and one, on a 10-hour day and 60-hour week. Two of the three plantations where the longer work week prevailed were the ones where apparently the least effort was made to avoid hiring very young workers.

Many of the tobacco workers were transported daily to the plantation from neighboring towns and cities by company trucks which were often dangerously overcrowded. Others moved to the plantations for the working season. In some cases boys and girls came without their parents and lived at the plantations in boarding houses operated by the growers or leased to boarding-house keepers.

Although voluntary cooperation of the growers, the State, and civic organizations has resulted in a definite reduction in child labor and has brought about some improvement in living conditions on the tobacco farms, the Connecticut Department of Labor does not believe that such voluntary cooperation is a satisfactory substitute for legislative regulation of labor conditions in this industry.

The Department is recommending that State legislation be enacted to regulate employment on tobacco plantations. Its specific recommendations for this industry are that no child under 14 years of age be employed, that minors under 18 years of age be required to have employment certificates, that hours of work for women and for minors under 18 be limited to 9 a day and 48 a week, that the facilities provided for housing and transportation of workers be safe and adequate, and that separate boarding houses for male and female workers not living in family groups be provided and be supervised by suitable persons.

SUGAR ACT OF 1937

On September 1, 1937, the President signed the Sugar Act of 1937, which establishes sugar quotas, levies a tax on the manufacture of sugar, and authorizes conditional payments to producers of sugar cane and sugar beets. Certain labor standards are included among the conditions with which producers must comply in the production of sugar beets or sugar cane with respect to which such payments are made. These include prohibition of the employment of children under 14 years and a maximum 8-hour day for children between 14 and 16 years of age. Members of the immediate family of the legal owner of at least 40 per cent of the crop at the time the work was performed are exempted from the child-labor provisions. Authority is given to the Secretary of Agriculture to fix minimum-wage rates for all employees working in the production of sugar beets or sugar cane. *Public No. 414, 75th Congress, 1st Session.*

NEWS NOTES -- INTERNATIONAL

International child-labor standards raised

At the June 1937 session of the International Labor Conference the question of raising the standards for both industrial and nonindustrial employment of minors was considered. Two revised conventions were adopted. These raise the minimum age for entrance into industrial and nonindustrial occupations from 14 to 15 years, provide protection from hazardous occupations for boys and girls of 16 and 17 years, and require that age records be kept for minors under 18 years of age.

A proposed exemption to the industrial convention, which would have permitted children of 14 and under 15 to leave school to enter "beneficial employment," was finally rejected on the ground that it would practically nullify the raising of the minimum age and that for a child under 15 no such employment could be considered "beneficial." In the convention regulating nonindustrial employment, limited exemption from the basic minimum age of 15 was approved for work outside school hours, but provision was also made for fixing a higher minimum age for occupations dangerous to life, health, or morals. These revised conventions mark a new high level in international child-labor standards. They now go to the various member nations of the I.L.O. for ratification.

I.A.G.L.O. holds convention in Toronto

The International Association of Governmental Labor Officials will hold its twenty-third annual convention at Toronto, Canada, September 14, 15, and 16. Beatrice McConnell, Director of the Industrial Division of the Children's Bureau, is the chairman of the Child-Labor Committee of the Association. The conference will include, in addition to the delegates from the United States, representatives of most of the Canadian Provinces.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

BOOK AND PERIODICAL NOTES

(Child Labor)

TECHNOLOGICAL TRENDS AND NATIONAL POLICY, INCLUDING THE SOCIAL IMPLICATIONS OF NEW INVENTIONS. U.S. National Resources Committee, Washington, 1937. 388 pp. For sale by Superintendent of Documents at $1 (paper).

The findings of this survey show among other things that there is a trend toward an increase in the large number of inventions made each year, and that new inventions have an important influence on social institutions such as the family, church, and State, as well as upon employment trends. In order to reduce unemployment to the 1929 level in 1937, it is stated that it would be necessary to increase production of goods and services to a point 20 percent above the 1929 level. The time lag between the first development and the full use of an invention was found to be often a period of social and economic maladjustment.

Part I of this report analyzes the social aspects of technological innovations. Part II presents the relation of science to technological trends. Part III discusses the development of technological changes in various fields, such as agriculture, mineral industries, transportation, communication, power, chemical industries, electrical-goods industries, metallurgy, and the construction industries.

ACCIDENT FACTS. 1937 edition. National Safety Council, Chicago, 1937. 96 pp.

This pamphlet presents general information on accidents, including data on industrial accidents.

ACCIDENT RATES. 1936. National Safety Council, Chicago, 1937. Various paging.

This series of bulletins gives 1936 accident rates by industry. Industries included in the series are: Automobile, cement, mining and quarry industries, chemical, clay products, construction, food, foundry, glass, machinery, marine, meat packing, metal products, nonferrous metals, paper and pulp, petroleum, printing and publishing, public utility, refrigeration, steel, tanning and leather, textile, woodworking and lumbering, and miscellaneous industries. This analysis of industrial accidents includes both the frequency and severity rates and the percentage change in these rates from 1926 to 1936. The frequency and severity rates for each industry are compared with the average injury rates for all industry. The causes of serious accidents are analyzed for each industry.

AMERICAN STANDARD SAFETY CODES. *Industrial Standardization*, vol. 8, no. 7 (July 1937), pp. 199-210.

Safety codes for more than 50 industrial occupations have been formulated by the American Standards Association. The members of the committee preparing the codes include manufacturers, employees, qualified specialists, insurance representatives, and Government representatives. After the codes are approved by the American Standards Association, they are brought to the attention of Government officials, insurance companies, and industries concerned. A recent survey showed that these codes are becoming the basis of safety regulations of State agencies.

YOUNGVILLE, U.S.A., AMERICAN YOUTH TELLS ITS STORY. National Council, American Youth Congress, New York, 1937. 64 pp.

Some of the problems confronting young people, such as unemployment, lack of vocational training, inability to remain in school because of financial circumstances, and lack of medical care are reviewed in this pamphlet. The provisions of the proposed American Youth Act are analyzed. The organization and activities of the American Youth Congress are described.

INTERNATIONAL SURVEY OF LEGAL DECISIONS ON LABOR LAW, 1935-1936. International Labor Office, Geneva, 1937. 443 pp.

This is a survey of the legal decisions on the labor laws of England, France, Germany, Italy, and the United States for 1935 and 1936. This compilation includes cases on workmen's compensation, collective bargaining, conditions of employment, protection of the individual worker, social welfare, and social insurance.

SOCIALLY HANDICAPPED CHILDREN

RECENT LEGISLATION RELATING TO STATE AND COUNTY WELFARE DEPARTMENTS

The necessity for providing for administration of public-assistance services, especially those under the Social Security Act, resulted in an unusual amount of legislation relating to State welfare departments in 1936 and the first 6 months of 1937.

The legislature in 26 States created a new State welfare department, and in 2 others (Nebraska and Texas) created a division under the State board of control responsible for public assistance and protection and services for children. During 1936 New York and Ohio also provided for reorganization of their welfare departments. In New York this was accomplished by legislative action, whereas in Ohio reorganization was affected under an executive order of the Governor. In 13 States[1] the legislation involved complete reorganization of State welfare services or added a new department to the State administrative plan. The new departments in an equal number of States[2] superseded a previously created department which had more limited functions. In a few of these States the name of the department was not changed but the plan of organization of the department was completely revised and its responsibilities were increased.

In all 28 States the new department or division was given responsibility for public assistance, and in some this is the chief function of the new department, other departments retaining responsibility for other phases of welfare administration.

The administrative organization of these new departments shows a definite trend towards the use of advisory or administrative boards. In 8 States administrative responsibility is vested in a board and a director appointed by the board, the board being responsible for formulation of policies and the director for actual administration. Pennsylvania created a board to assist in the establishment of policies, but the Governor appoints the director of the department. In 12 other States administrative authority is vested in the board. An interesting situation exists in 5 of this latter group of States: In Colorado the director of the department is a member of the board and serves at the pleasure of the Governor; in Florida, Missouri, and South Dakota the director of the department is appointed by the Governor; and in Wyoming the board is an exofficio board of which the Governor is chairman. Only 3 States failed to provide a board: in Tennessee and Washington the Governor appoints the director, and in Idaho the Governor is designated as the commissioner. Kentucky and West Virginia provide for appointment of the director by the Governor but also provide an advisory board. The director of the division of assistance of the Nebraska State board of control is also directly appointed by the Governor.

Some plan was provided in all but 8 of the 28 States for a county board or department for local administration. California authorized the creation of county boards of public welfare to supervise county institutions and approve all agencies raising funds for charitable purposes but did not give these boards responsibility for public assistance. In South Dakota the State department administers directly all welfare activities, and in Florida, Missouri, New Mexico, Tennessee, and Texas the State department is authorized to establish State district offices. Missouri, also, provided a local advisory board to assist the State commission. Kentucky authorized the State department to give "welfare services to county governments including the organization and supervision of county welfare departments," but failed to define the method of organization and functions of these departments.

Of the 20 States creating a county board or department, 7 designated the board of county commissioners or a similar fiscal body as the welfare board of the county.[3] In Pennsylvania the members of the county board are appointed by the Governor. The remaining States[4] provided for a lay board which in some States includes one or more ex-officio representatives. These lay boards are appointed by the county fiscal body or other designated county officials or by the State agency in accordance with the suggestions of these officials.

---

[1] Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Missouri, Montana, New Mexico, Pennsylvania, South Carolina, and West Virginia.

[2] Arizona, Arkansas, California, Colorado, Florida, Georgia, Nevada, Oklahoma, South Dakota, Tennessee, Utah, Washington, and Wyoming.

[3] Colorado, Idaho, Kansas, Montana, Nevada, Oklahoma, and Washington.

[4] Arizona, Arkansas, Georgia, Indiana, Iowa, Louisiana, Michigan, Nebraska, South Carolina, Utah, West Virginia, and Wyoming.

Although county departments were established by the laws of 20 States, in only 14 States were the county departments given responsibility for services to children. Specific authority for the county departments to provide foster-home care was given in Kansas and Wyoming. Nebraska made this provision in 1935 and in 1937 transferred this responsibility as well as other broader responsibilities for children to the county departments cooperating with the new division of assistance. Colorado, Georgia, Idaho, Indiana, Louisiana, Montana, and Utah gave the county department broader but less specific responsibilities, the county being responsible for "care and treatment of dependent, neglected, delinquent, and handicapped children." The services required in 4 States were more limited. In Iowa and West Virginia the county is charged with responsibility for cooperating with the State child-welfare division in services for children. Michigan limits county services to assisting the probate court in making investigations in children's cases and to giving supervision to the children. In South Carolina the county department is made responsible for enforcing all laws for the protection and welfare of children and for providing activities for the welfare of minors.

The importance of establishing standards for persons appointed to administer local welfare services was recognized in 15 States[5] by authorizing the State department to establish standards of training and experience for personnel appointed by the county board. In several of these States the State department is also authorized to establish the salary scale for county employees. Indiana did not include this provision at the time of creating county departments in 1936 but enacted such legislation in 1937. In 1937 also New York authorized the State board of social welfare to cooperate with the civil-service commission in conducting civil-service examinations for county employees. More limited authority was given in Pennsylvania where the Governor may appoint an employment board of 3 members which in cooperation with the State Board of Public Assistance will conduct examinations for State and county employees, but where no requirements can be set as to general education or as to special training and experience.

During the first 6 months of 1937 another group of States enacted legislation relating to personnel standards. Arkansas, Connecticut, Michigan, and Tennessee created civil-service commissions to classify positions and conduct examinations for appointments to State services.

---

[5] Arizona, Arkansas, Colorado, Georgia, Idaho, Indiana, Kansas Louisiana, Montana, New York, South Carolina, Utah, Washington, West Virginia, and Wyoming.

BOOK AND PERIODICAL NOTES

(Socially Handicapped Children)

SOCIAL TREATMENT OF THE OFFENDER. *Social Service Review*, vol.11, no. 2 (June 1937), pp. 216-262.

Three articles are grouped in the June issue of the *Social Service Review* under the general heading of Social Treatment of the Offender. In Parole as Social Treatment, Winthrop D. Lane defends the theory of parole as the continuation of control and analyzes the factors essential to the satisfactory operation of a parole system. R. Clyde White contributes the second article of the trilogy, Sentencing and the Treatment of the Criminal. In the third, A Criminologist Looks at Social Work, Sheldon Glueck discusses certain fundamentals in the interrelationship of the various branches of social work.

CHILD-WELFARE LEGISLATION, 1936. Children's Bureau. Washington, 1937. 35 pp. Mimeographed.

This digest includes legislation enacted in 1936 relating to State and local welfare departments, State public-welfare commissions, dependent and neglected children, adoption and custody, marriage, offenses against minors, juvenile and family courts, probation, mental defectives, recreation, physically handicapped children, child hygiene and public health, and child labor and compulsory school attendance.

In some cases reference to major bills that did not pass are also included. Single copies of the compilation are available from the Children's Bureau while the supply lasts.

OF CURRENT INTEREST

WORLD'S FAIR PLANS

Participation of the United States Government in a number of world's fairs and expositions to be held within the next few years was authorized by the Seventy-fifth Congress, First Session. Exhibits from the Department of Labor, including the Children's Bureau, will be specially prepared for several of these.

The United States Golden Gate International Exposition Commission was established (S.J. Res.88) to represent the Government in the San Francisco Bay Exposition of 1939. The Commission is composed of the Secretaries of the Interior, Agriculture, Commerce, and Labor; three Senators (McAdoo from California, Pittman from Nevada, and McNary from Oregon); and three Representatives (Lea, Havenner, and Welsh, all from California). The President has appointed George Creel as Commissioner. The deficiency bill (H.R. 8245), passed during the closing days of the session, authorized an appropriation of $1,500,000 for Government participation in this exposition. The exposition, which will celebrate the completion of the San Francisco-Oakland Bridge and the Golden Gate Bridge, will open on February 18, 1939, and will last 288 days, until December 2.

Another appropriation authorized in the deficiency bill provides $3,000,000 for the expenses of the United States New York World's Fair Commission. This Commission was established (H. J. Res. 379) to represent the United States Government in connection with the New York World's Fair in 1939. The members of the Commission, in addition to the Secretaries of Agriculture, Commerce, and Labor, are three Members of the House of Representatives (Merritt from New York, McReynolds from Tennessee, and Wadsworth from New York), and three Members of the Senate (Copeland from New York, Wagner from New York, and White from Maine). The Commissioner, appointed by the President, is Edward J. Flynn. This fair will commemorate the one hundred and fiftieth anniversary of the inauguration of the first President of the United States and of the establishment of the Federal Government in the city of New York. The opening date is April 30, 1939.

A third exposition to be held in 1939 is the Oklahoma City exposition commemorating the fiftieth anniversary of the opening of Oklahoma to white settlement. A Senate resolution (S.J. Res.181) introduced in Congress would provide that the Federal Government be represented by a special committee and would authorize an appropriation of $1,000,000. This resolution was referred to the Committee on Commerce.

The Government exhibits at these expositions will illustrate the function and administrative faculty of the Government in the advancement of industry, science, invention, agriculture, the arts, and peace, and demonstrate the historic growth and nature of American institutions, particularly as regards their adaptation to the needs of the people.

At the Pan American Exposition to be held in Tampa, Fla., in 1939, the cooperation of Latin American Governments as well as of the United States is expected. A joint resolution (S.J.Res.166) providing for the participation of the Federal Government and authorizing the President to invite foreign nations to participate in this exposition has been passed by Congress. This act authorizes an appropriation of $100,000. The purpose of this exposition is to commemorate the four-hundredth anniversary of the landing of Hernando De Soto in Tampa Bay.

A continuing exposition to be known as the Pacific Mercado will be held in Los Angeles commencing in the year 1940, designed to promote closer relations and better understanding among the countries and nations of the world through the furtherance of trade, industry, and cultural arts. In connection with this a world's fair commemorating the landing of Cabrillo will be held. A joint resolution recognizing the Pacific Mercado and providing for the participation of the United States (S. J. Res. 186) but not authorizing any special appropriation for this purpose, has also been passed by Congress.

ANNOUNCEMENTS

Fifth season of health broadcasts

"To America's Schools--Your Health" will be the keynote of the radio program of the American Medical Association and National Broadcasting Company during the 1937-38 season. This year, the fifth of these broadcasts, the program will be on the air during school hours--Wednesdays, from 2 to 2:30 p.m., Eastern standard time. It will be addressed particularly to teachers and students in junior and senior high schools. Tentative dates and topics for the weekly broadcasts, beginning on October 13, will appear in the October 1937 issue of *Hygeia.* (*Statement from American Medical Association.*)

New appointments to Social Security Board

The Social Security Board announced during August 1937 the appointment of two new members of the Board. George Edmund Bigge, Chairman of the Department of Economics at Brown University, was appointed August 9. Mr. Bigge was a member of the commission that wrote the Rhode Island Unemployment Compensation Act, and was the first chairman of the Rhode Island Unemployment Compensation Board. Mary W. Dewson was appointed August 23. For several years she has been a member of the board of the National Consumers League and has served as economic consultant for the Women's Bureau in the United States Department of Labor.

Delegates appointed to international congresses in Rome

The United States Department of State has announced the appointment of delegates to attend two congresses in Rome this fall in response to an invitation from the Italian Government. The Second International Congress for the Protection of Childhood will be held September 23-26, and will be followed immediately by the Fourth International Pediatric Congress, September 27-30.

Delegates from the United States are: Dr. Henry J. Gerstenberger, Director of Pediatrics, Babies' and Children's Hospital, Cleveland, Ohio, who will act as Chairman of the Delegation; Dr. Henry F. Helmholz, Mayo Clinic, Rochester, Minn.; Dr. Irvine McQuarrie, Professor of Pediatrics, University of Minnesota, Minneapolis, Minn.; Dr. Frederick H. Allen, Director of the Philadelphia Child Guidance Clinic, Philadelphia, Pa.; and Dr. C.A. Stewart, Professor of Pediatrics, University of Minnesota.

CONFERENCE CALENDAR

Oct. 5-6	Save the Children Fund of America. Southern Mountain Child-Service Conference, Hotel McAlpin, New York. Information: Save the Children Fund, 1 Madison Sq., New York.
Oct. 5-8	American Public Health Association. Sixty-sixth annual meeting, Hotel Pennsylvania, New York. Information: A.P.H.A., 50 West Fiftieth St., New York.
Oct. 18-21	American Dietetic Association. Twentieth annual meeting, Richmond, Va.
Oct. 20-23	National Association for Nursery Education. Seventh biennial conference Nashville, Tenn. Information: Amy Hostler, 130 East 22d St., New York. Subject: Safeguarding the early years of childhood.
Nov. 7-13	American Education Week. General theme: Education and our national life. Information: National Education Association, Washington, D. C.
Nov. 28	Southern Medical Association, New Orleans, La.

Published under authority of Public Resolution No 57 approved May 11, 1922 (42 Stat 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat 409) This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U S GOVERNMENT PRINTING OFFICE 1937

Social Statistics

Supplement Number 1, September 1937

to

THE CHILD—Monthly News Summary
Volume 2, Number 3

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

SOCIAL-STATISTICS SUPPLEMENT

Number 1 September 1937
TO
THE CHILD--MONTHLY NEWS SUMMARY, VOLUME 2, NUMBER 3

CONTENTS

PAGE
HOSPITAL IN-PATIENT SERVICE, 1936 - 3
PUBLIC HEALTH NURSING VISITS, 1936 - - - - - - - - - - - - - - - - - - - 6
EMPLOYMENT-CERTIFICATE STATISTICS, 1936 - - - - - - - - - - - - - - - - - 7
JUVENILE-COURT STATISTICS, 1936 - 11

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

CHILDREN'S BUREAU
KATHARINE F LENROOT, CHIEF

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

U. S. [illegible]
NOV 1 193

HOSPITAL IN-PATIENT SERVICE, 1936

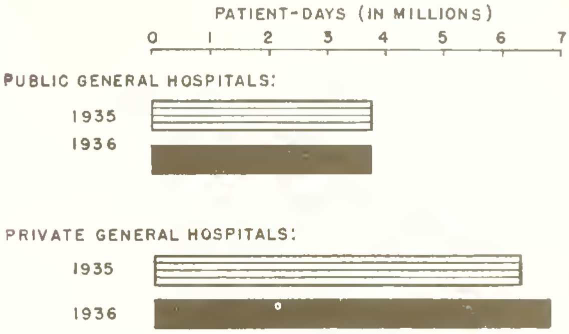
Reports for 1936 by hospitals, as well as those by other agencies cooperating in the Children's Bureau project for the registration of social statistics, showed considerable improvement over those for 1935, although they were still incomplete in many respects. During 1936 reports were received from 413 hospitals located in 39 urban areas. The types of hospitals included are those listed in table 1. The project does not include reports from hospitals organized for profit nor from those operated by industrial or commercial establishments and caring only for their own employees. The field is further limited to exclude hospitals such as those caring for the insane, feeble-minded, epileptic, blind, or deaf; marine hospitals; and hospitals for ex-soldiers.

Data from public and private hospitals in 17 urban areas submitting relatively complete reports in both 1935 and 1936 indicate a very slight decrease, less than 1 percent, in the number of patient-days provided during the latter year by public general hospitals and, on the other hand, an increase of 8 percent in the number of patient-days in private general hospitals (chart 1). These data appear to continue the trends apparent in this field since 1933.[1]

In table 1 (see p. 4) are summarized data for 1936 on the number of admissions, number of patient-days, average length of stay per patient, and average percentage of occupancy for the various types of public and private hospitals reporting. This table is based on reports received from 394 hospitals in 39 urban areas.

The average length of stay per patient as here computed is obtained by dividing the number of patient-days provided during the year by the number of admissions (including live births) during the year. As is shown in the table, the average length of stay per patient in public hospitals was greater than in private hospitals of the same type. Similar differences were shown in a summary covering the years 1932 and 1933 presented in the October 1934 issue of the Monthly Bulletin on Social Statistics.

CHART I.— PATIENT-DAYS PROVIDED DURING 1935 AND 1936 IN PUBLIC AND IN PRIVATE GENERAL HOSPITALS OF 17 URBAN AREAS



The average length of stay per patient in 1936 was 17 days in public general hospitals and 11 days in private general hospitals. In tuberculosis hospitals under public auspices the average length of stay was 284 days, and in tuberculosis hospitals under private auspices it was 232 days. Incomplete material regarding free and part-pay patients seems to indicate, as would be expected, that the larger proportion of patients receiving free service in public as compared with private hospitals is an important factor in accounting for these differences. Of the hospitals under public auspices, emergency hospitals had the shortest and tuberculosis hospitals had the longest average length of stay per patient. Of the hospitals under private auspices, maternity hospitals, eye, ear, nose, and throat hospitals, and the skin and cancer hospital had a shorter average length of stay per patient than the general hospitals. Four hospitals for incurables showed an average length of stay per patient of 467 days.

The percentage of the total capacity occupied during 1936 was generally greater in public than in private hospitals. The average occupancy was 85 percent of the total capacity in public general hospitals and 64 percent in private general hospitals. Public tuberulosis hospitals had an average occupancy of 89 percent and private hospitals of the same type had an average occupancy of 81 percent.

---

[1] Trends covering the period 1929 through 1936 were presented graphically for various fields included in the project in the issue for May 1937 (no. 2) of the Social Statistics Supplement to The Child.

A summary of in-patient service in public and in private general hospitals in 19 specified areas is given in table 2. With the exception of the public hospitals in one area and the private hospitals in another area, it has been possible to compare the total number of patient-days given in each area in 1935 with those given in 1936. In all these areas reports from hospitals of the types specified were relatively complete, covering in most instances 85 percent or more of the total bed capacity. Complete reports for 1936 were available from only seven areas: Columbus, Dayton, Des Moines, Grand Rapids, New Haven, Springfield (Mass.), and Syracuse.

Of the 10 areas reporting on public general hospitals for both years, 5 showed increases, although only 1 area showed an increase in excess of 4 percent. The 5 remaining areas showed decreases. The decrease in Milwaukee amounted to 10 percent; the decrease reported for the small hospital in Grand Rapids amounted to 21 percent.

The private general hospitals included in the table showed increases in the number of patient-days provided during 1936 as compared with 1935 in 14 of the 18 areas reporting for both years. The increases ranged as high as 18 percent, and they exceeded 10 percent in 8 cities. None of the decreases, which were reported by 4 areas, amounted to more than 4 percent.

In the public general hospitals, the average length of stay per patient during 1936 showed wide variations between areas, ranging from 10 to 31 days. In private general hospitals the average length of stay per patient showed less variation between areas, the range being from 9 to 13 days.

In all areas reporting on both public and

Table 1.--In-patient service given by 394 hospitals of specified types in 39 urban areas reporting during 1936 [a]

Type of hospital	Number of hospitals included	Admissions	Total patient-days	Average length of stay per patient in days [b]	Percent of occupancy
(1)	(2)	(3)	(4)	(5)	(6)
Public hospitals:					
General	38	473,182	7,838,544	16.6	85.2
Emergency	4	9,508	12,187	1.3	25.8
Tuberculosis	28	8,914	2,530,258	283.9	89.3
Isolation	13	12,360	328,577	26.6	49.6
Orthopedic	1	504	77,857	154.5	85.1
Hospital departments of institutions	2	1,508	166,345	110.3	98.8
Private hospitals:					
General	204	946,853	10,327,690	10.9	64.3
Tuberculosis	15	1,657	383,659	231.5	80.6
Maternity	17	46,392	498,231	10.7	56.5
Children	22	50,035	628,382	12.6	64.2
Orthopedic	12	4,353	306,426	70.4	88.6
Hospital departments of institutions	1	286	27,108	94.8	74.1
Convalescent and rest	23	4,952	328,997	66.4	69.1
Eye, ear, nose, and throat	8	24,498	125,325	5.1	55.4
Cardiac	1	153	26,569	173.7	90.7
Incurable	4	368	171,914	467.2	94.7
Skin and cancer	1	597	5,280	8.8	57.7

---

[a] Based partly on preliminary figures.

[b] Computed by dividing the number of patient-days provided during the year by the number of admissions during the year.

Table 2.—In-patient service given by 161 general hospitals in 19 urban areas during 1936, and percent change from 1935 to 1936 in the number of patient-days provided

Area, and type of hospital administration	Number of hospitals included	Patient-days			Admissions during 1936	Average length of stay per patient in days[a]	Percent of occupancy
		1935	1936	Percent change from 1935 to 1936			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Connecticut:							
Bridgeport:							
Private...........	2	182,783	182,539	-0.1	15,915	11.5	75.3
New Haven:							
Private...........	3	268,638	266,790	-0.7	20,987	12.7	70.1
Illinois:							
Chicago:							
Public............	2	1,136,238	1,173,592	+3.3	79,357	14.8	82.3
Private...........	39	1,658,438	1,781,495	+7.4	181,337	9.8	57.7
Iowa:							
Des Moines:							
Public............	1	37,666	40,589	+7.8	4,051	10.0	94.8
Private...........	3	(b)	140,821	....	14,525	9.7	63.4
Sioux City:							
Private...........	3	89,089	103,037	+15.7	11,485	9.0	56.6
Massachusetts:							
Springfield:							
Private...........	3	190,110	183,787	-3.3	14,864	12.4	67.1
Michigan:							
Detroit:							
Public............	6	931,142	947,615	+1.8	45,972	20.6	82.2
Private...........	12	772,378	862,464	+11.7	81,703	10.6	69.1
Grand Rapids:							
Public............	1	8,093	6,395	-21.0	390	16.4	51.4
Private...........	3	106,792	117,831	+10.3	12,211	9.6	47.7
Minnesota:							
St. Paul:							
Public............	1	271,759	249,602	-8.2	11,961	20.9	75.8
Private...........	7	177,566	210,281	+18.4	23,262	9.0	59.8
Nebraska:							
Omaha:							
Public............	2	(b)	212,913	....	7,054	30.2	84.8
Private...........	6	211,932	227,036	+7.1	22,778	10.0	58.5
New York:							
Buffalo:							
Public............	1	364,534	345,193	-5.3	11,110	31.1	88.7
Private...........	10	505,532	525,064	+3.9	44,798	11.7	71.4
Syracuse:							
Private...........	5	273,555	287,278	+5.0	27,013	10.6	73.8

[a] Computed by dividing the number of patient-days provided during the year by the number of admissions during the year.

[b] Not reported.

Table 2.--In-patient service given by 161 general hospitals in 19 urban areas during 1936, and percent change from 1935 to 1936 in the number of patient-days provided--Continued

Area, and type of hospital administration	Number of hospitals included	Patient-days			Admissions during 1936	Average length of stay per patient in days	Percent of occupancy
		1935	1936	Percent change from 1935 to 1936			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Ohio:							
Akron:							
Private	3	162,814	166,419	+2.2	17,185	9.7	65.8
Cincinnati:							
Public	1	278,767	276,330	-0.9	18,506	14.9	81.6
Private	6	283,793	314,340	+10.8	28,240	11.1	64.7
Cleveland:							
Public	3	[c] 504,339	504,660	+0.1	18,969	26.6	83.1
Private	13	685,784	776,583	+13.2	71,002	10.9	68.6
Columbus:							
Public	1	66,555	68,274	+2.6	5,072	13.5	67.1
Private	8	[d] 302,196	306,645	+1.5	22,837	13.4	63.1
Dayton:							
Private	3	196,527	221,707	+12.8	19,316	11.5	59.7
Pennsylvania:							
Wilkes-Barre:							
Private	3	153,454	148,168	-3.4	14,545	10.2	56.0
Wisconsin:							
Milwaukee:							
Public	1	272,264	244,985	-10.0	17,900	13.7	62.3
Private	9	321,756	[e] 356,727	+10.9	[e] 39,763	9.0	57.8

[c] Includes an estimate for 1 hospital that is based on the reports for 1936.
[d] Includes estimates for 2 hospitals that are based on reports for 1936.
[e] Includes an estimate for 1 hospital that is based on reports for 11 months.

private general hospitals, the average percentage occupancy was higher in public than in private hospitals. In only four areas was the percentage occupancy of public general hospitals less than 80, the lowest being 51. For private general hospitals the percentage occupancy was as high as 70 in only four areas, the highest being 75 and the lowest being 48.

PUBLIC HEALTH NURSING VISITS, 1936

Public health nursing visits for 1936, as reported by 17 specified areas, are analyzed in table 3 (see pp. 8-9) to show the number of visits for health supervision, for maternity service, for the care and control of communicable disease, and for the care of noncommunicable disease.[2] The areas included are those in which reports from the agencies cooperating in the project are complete or nearly complete for the different types of public health nursing service.

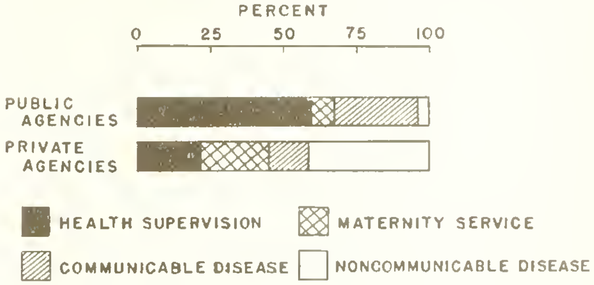
Of the total visits for the areas specified,

---

[2] The tabulation does not include visits to cases not home or not found, to persons not taken under care, nor visits for special activities.

43 percent were for health supervision, including service to infants, to preschool children, to school children (exclusive of service rendered in the school building), and to adults; 15 percent were for maternity service; 21 percent were for the control and care of communicable disease; and 21 percent were for the care of noncommunicable disease. The distribution of visits according to type for agencies under public auspices, however, differed markedly from that for agencies under private auspices. Public agencies in these areas reported that 60 percent of their visits were for health supervision, 8 percent for maternity service, 28 percent for the control and care of communicable disease, and 4 percent for the care of noncommunicable disease. Private agencies reported that 22 percent of their visits were for health supervision, 23 percent for maternity service, 14 percent for the control and care of communicable disease, and 41 percent for the care of noncommunicable disease (chart 2).

CHART 2.– PERCENTAGE DISTRIBUTION OF 4 TYPES OF PUBLIC HEALTH NURSING VISITS MADE DURING 1936 BY PUBLIC AND BY PRIVATE AGENCIES IN 17 URBAN AREAS



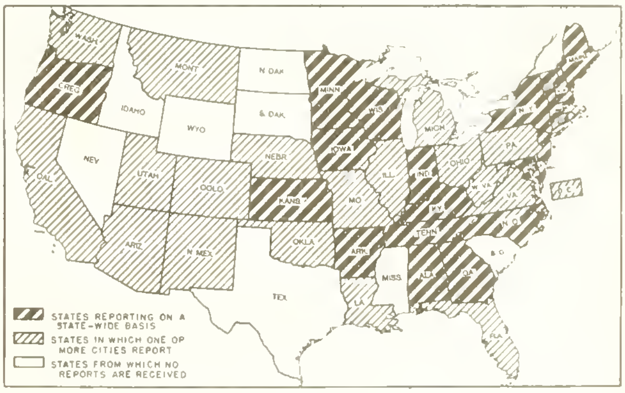
Considerable variation from area to area is noted in the relative number of visits of the different types made by agencies providing public health nursing service.

According to reports made by a small number of public health nursing agencies which have reported each year, there apparently has been little change in the annual number of visits made by private agencies during the period since 1929, while the annual number made by public agencies appears to have increased by approximately 30 percent during the same period.

EMPLOYMENT-CERTIFICATE STATISTICS, 1936

In 1921 the Children's Bureau first began to collect systematically and to analyze the statistics of employment certificates issued to children in various States and cities throughout the United States. At the present time monthly reports of the number of certificates issued to children 14 and 15, and 16 and 17 years of age, which permit them to leave school for work, are received in the Bureau from a large number of State and local officials. At the end of 1936 the area covered by the reports[3] included 58 percent of the total population of the United States. The geographic distribution of the areas is shown in the accompanying map.

GEOGRAPHIC DISTRIBUTION OF AREAS REPORTING EMPLOYMENT-CERTIFICATE STATISTICS, DECEMBER 1936



In studying employment-certificate statistics it must be kept in mind that such figures do not show the number of children actually employed at any one time but only the number that have received certificates permitting them to enter regular employment for the first time. The figures, moreover, show only the numbers going to work legally, and give no indication of the number of children going to work in violation of the law. Furthermore, employment certificates are not required everywhere for all occupations; they are seldom required for agriculture, and in many places they

---

[3] Reports of 14- and 15-year-old children: 17 States, the District of Columbia, 82 cities of 25,000-50,000 population and 108 cities of 50,000 or more population in 23 other States. Reports of 16- and 17-year-old children: 3 States, the District of Columbia, 51 cities of 25,000-50,000 population, and 82 cities of 50,000 or more population in 11 other States.

Table 3.—Visits of different types made by 69 agencies providing public health nursing service in 17 urban areas during 1936

Area, and type of agency	Agencies included	Visits								
		Number					Percent of total visits			
		Total	Health supervision	Maternity	Communicable disease	Noncommunicable disease	Health supervision	Maternity	Communicable disease	Noncommunicable disease
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Total	69	2,358,877	1,015,034	345,708	502,403	495,732	43	15	21	21
Public	38	1,271,675	768,778	97,628	352,049	53,220	60	8	28	4
Private	31	1,087,202	246,256	248,080	150,354	442,512	22	23	14	41
Alabama: Birmingham	4	104,291	66,145	19,268	8,830	10,048	63	19	8	10
Public	3	97,377	65,899	16,752	8,585	6,141	68	17	9	6
Private	1	6,914	246	2,516	245	3,907	4	36	4	56
California: Los Angeles	7	315,930	135,694	34,153	74,784	71,299	43	11	24	22
Public [a]	4	224,346	132,191	20,461	59,937	11,757	59	9	27	5
Private	3	91,584	3,503	13,692	14,847	59,542	4	15	16	65
Colorado: Denver	4	114,173	43,304	26,381	18,953	25,535	38	23	17	22
Public	2	23,105	14,121	....	7,936	1,048	61	....	34	5
Private	2	91,068	29,183	26,381	11,017	24,487	32	29	12	27
Iowa: Sioux City	2	15,582	4,689	2,531	3,062	5,300	30	16	20	34
Public	1	1,228	1,228	....	....	....	100	....	....	....
Private	1	14,354	3,461	2,531	3,062	5,300	24	18	21	37
Kansas: Wichita	2	11,108	2,437	3,842	1,112	3,717	22	35	10	33
Public [a]	1	1,933	234	1,699	....	....	12	88	....	....
Private	1	9,175	2,203	2,143	1,112	3,717	24	23	12	41
Kentucky: Louisville	2	93,825	48,064	19,871	13,486	12,404	51	21	15	13
Public	1	30,630	20,490	....	10,140	....	67	....	33	....
Private	1	63,195	27,574	19,871	3,346	12,404	44	31	5	20
Michigan: Detroit	3	654,363	353,838	92,646	163,999	43,880	54	14	25	7
Public [b]	1	508,021	319,557	43,583	144,881	....	63	9	28	....
Private	2	146,342	34,281	49,063	19,118	43,880	23	34	13	30
Grand Rapids	2	111,326	68,890	15,146	18,065	9,225	62	14	16	8
Public [b]	1	68,909	49,098	2,111	16,290	1,410	71	3	24	2
Private	1	42,417	19,792	13,035	1,775	7,815	47	31	4	18

Minnesota:										
Minneapolis............	3	132,659	51,414	10,533	40,360	30,352	39	8	30	23
Public...............	2	66,843	35,291	....	31,552	....	53	....	47	....
Private..............	1	65,816	16,123	10,533	[c] 8,808	[c] 30,352	25	16	13	46
St. Paul...............	6	92,140	24,295	16,182	11,557	40,106	26	18	13	43
Public...............	2	14,230	6,539	....	7,691	....	46	....	54	....
Private..............	4	77,910	17,756	16,182	3,866	40,106	23	21	5	51
Nebraska: Omaha.........	2	74,751	24,823	10,963	8,555	30,410	33	15	11	41
Public......	1	9,663	9,663	....	....	....	100	....	....	....
Private.....	1	65,088	15,160	10,963	8,555	30,410	23	17	13	47
New York:										
Buffalo................	10	214,709	50,928	32,697	40,682	90,402	24	15	19	42
Public...............	8	92,656	21,540	8,166	34,073	28,877	23	9	37	31
Private..............	2	122,053	29,388	24,531	6,609	61,525	24	20	5	51
Syracuse...............	4	101,146	46,511	12,870	25,299	16,466	46	13	25	16
Public...............	3	66,856	46,487	2,127	[d] 18,242	....	70	3	27	....
Private..............	1	34,290	24	10,743	[d] 7,057	[d] 16,466	([e])	31	21	48
Ohio:										
Canton.................	5	38,697	7,563	4,067	7,448	19,619	20	10	19	51
Public...............	2	5,537	2,653	....	2,884	....	48	....	52	....
Private..............	3	33,160	4,910	4,067	4,564	19,619	15	12	14	59
Columbus...............	5	120,053	19,571	21,459	24,532	54,491	16	18	21	45
Public...............	1	5,237	3,140	321	1,406	370	60	6	27	7
Private [a] [f]	4	114,816	16,431	21,138	23,126	54,121	14	19	20	47
Texas: Houston..........	4	71,959	21,311	4,984	28,583	17,081	29	7	40	24
Public [f]........	2	9,152	[g] 4,836	283	416	3,617	53	3	5	39
Private........	2	62,807	16,475	4,701	28,167	13,464	26	7	45	22
Virginia: Richmond......	4	92,165	45,557	18,115	13,096	15,397	49	20	14	17
Public......	3	45,952	35,811	2,125	8,016	....	78	5	17	....
Private.....	1	46,213	9,746	15,990	5,080	15,397	21	35	11	33

---

[a] The type of service was not reported for a small number of office visits that have been excluded.

[b] 1 agency did not report, but this is not believed to affect materially the totals shown.

[c] 1,668 unclassified visits have been distributed between communicable and noncommunicable on the basis of the classified visits reported for 1936.

[d] Visits by 1 agency were not classified and have been distributed on the basis of the reports for 1935.

[e] Less than one-half of 1 percent.

[f] Total visits of 1 agency for 1936 estimated on the basis of reports for 11 months.

[g] Total visits of 1 agency for 1936 estimated on the basis of reports for all but 6 weeks of the school year.

are not required for domestic service. In spite of their limitations, however, first regular employment-certificate figures serve to indicate in a general way the trend in the number of children leaving full-time school to go to work for the first time, thus indirectly giving some measure of the extent of their gainful employment for the intercensal years.

Preliminary analysis of the 1936 figures as shown in table 4 indicates that in States and cities which reported during the period July 1935 to December 1936 and in which there were no changes in minimum-age laws during that period, the number of first regular employment certificates issued to children 14 and 15 years of age was 48 percent greater in the last 6 months of 1936 than in the last 6 months of 1935. There was approximately the same increase in the number of certificates issued in the last half of 1936 over the first half of the year, but comparison of these two figures may not be significant because of seasonal variations due to the school-year cycle. The figures presented above do not include reports from two industrial States, New York and Rhode Island, where laws fixing a 16-year minimum age for employment went into effect during the second half of 1936. These new laws replaced a minimum-age standard of 14 years in New York State and of 15 years in Rhode Island. The effect of these advances in State laws is indicated by a comparison of the figures from all reporting areas, which include these two States. In these areas the number of first regular employment certificates issued to children 14 and 15 years of age was 41 percent less in the last 6 months of 1936, after these two States had adopted a 16-year minimum, than in the last 6 months of 1935, a period when the lower minimum-age standard was still in effect.

Information received by the Bureau regarding the issuance of employment certificates to boys and girls 16 and 17 years of age is more limited, as many States do not require certificates for minors after they reach the age of 16. Furthermore, figures are not available for 1936 on a monthly or semiannual basis. Reports received from 2 States, the District of Columbia, and 64 cities in 11 other States, however, show that 77,847 certificates were issued to minors 16 and 17 years of age in 1936 as compared to 60,251 in 1935, an increase of 29 percent.

Table 4.--Children 14 and 15 years of age receiving first regular employment certificates, by months, July 1935-December 1936

Year and month	Number of certificates issued			
	All reporting areas[a]	Reporting areas with no change in legal minimum age[b]	Reporting areas adopting 16-year minimum age during period	
			New York[c]	Rhode Island[d]
(1)	(2)	(3)	(4)	(5)
1935				
Total July-December......	10,036	3,732	5,978	326
July................	317	153	162	2
August..............	157	102	45	10
September...........	2,571	860	1,682	29
October.............	3,617	1,275	2,216	126
November............	2,055	757	1,193	105
December............	1,319	585	680	54
1936				
Total January-June..........	10,023	3,735	5,995	293
January.............	1,655	639	969	47
February............	1,536	492	999	45
March...............	1,907	624	1,210	73
April...............	1,438	648	726	64
May.................	1,657	689	919	49
June................	1,830	643	1,172	15
Total July-December......	5,901	5,523	378	.....
July................	551	327	224	.....
August..............	276	136	140	.....
September...........	1,568	1,564	4	.....
October.............	1,520	1,511	9	.....
November............	1,110	1,109	1	.....
December............	876	876	......	.....
Percent of change July-December 1936 as compared with July-December 1935.	-41	+48	-94	-100

---

[a] These figures are based upon reports from 12 States, the District of Columbia, and 90 cities of 50,000 or more population in 20 other States.

[b] These figures are based upon reports from 12 States, the District of Columbia, and 76 cities of 50,000 or more population in 18 other States.

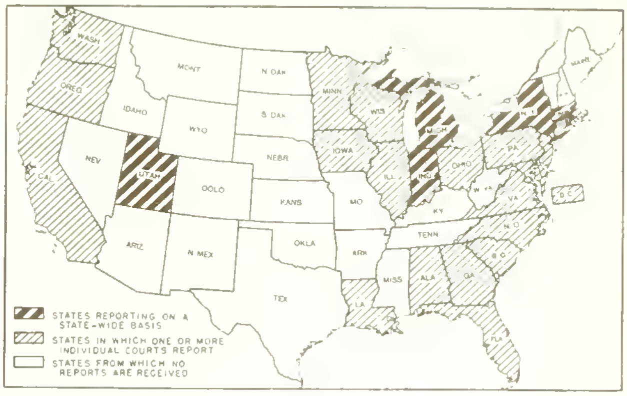
[c] 16-year minimum-age law went into effect in New York in September 1936.

[d] 16-year minimum-age law went into effect in Rhode Island in July 1936.

JUVENILE-COURT STATISTICS, 1936

A preliminary analysis of data submitted by juvenile courts reporting to the Children's Bureau indicates a decrease of 9 percent from 1935 to 1936 in the number of cases coming before these courts. There were 69,808 cases in 1935 and 63,320 cases in 1936. These data represent reports from juvenile courts in 7 entire States, the District of Columbia, and 32 courts (chiefly in cities of 100,000 or more population) in 18 other States. The areas served by these courts include approximately 35 percent of the total population of the United States and are estimated to include more than 7,500,000 children of such ages as to place them within juvenile-court jurisdiction. The geographic distribution of the areas is indicated in the accompanying map.

GEOGRAPHIC DISTRIBUTION OF AREAS REPORTING JUVENILE-COURT STATISTICS, 1936



Boys' cases reported in 1936 numbered 53,485 and accounted for 85 percent of the total. The number of boys' cases decreased 10 percent from 1935 to 1936 (59,430 to 53,485), while the number of girls' cases dropped only 5 percent (10,378 to 9,835). In the areas in which the courts reported race for both 1935 and 1936 the number of cases of Negro children dropped from 13,684 in 1935 to 12,302 in 1936, or 10 percent, while the number of cases of white children brought before the courts dropped from 47,790 to 44,521, or only 7 percent. In 1936, 22 percent of all juvenile-court cases were those of Negroes.

Table 5 shows the age distribution of the boys and girls under 16 years of age who were dealt with by the courts during 1936. Fifty-three percent of all these cases were those of children 14 and 15 years of age. The girls were older on the average than the boys. Cases of children 16, 17, and 18 years of age formed a considerable proportion of the total number of cases handled by the courts that are authorized to deal with children of these ages.

Table 6 and chart 3 (see p. 12) show the number of boys' and of girls' cases disposed of in each year from 1929 to 1936 by 28 courts which have submitted reports to the Bureau each year since 1929. (Each of these courts serves an area of 100,000 or more inhabitants; together the areas include approximately 15 percent of the total population of the United States.)

In the areas served by these courts the number of cases reported was substantially lower in 1936 than in any previous year. There was a de-

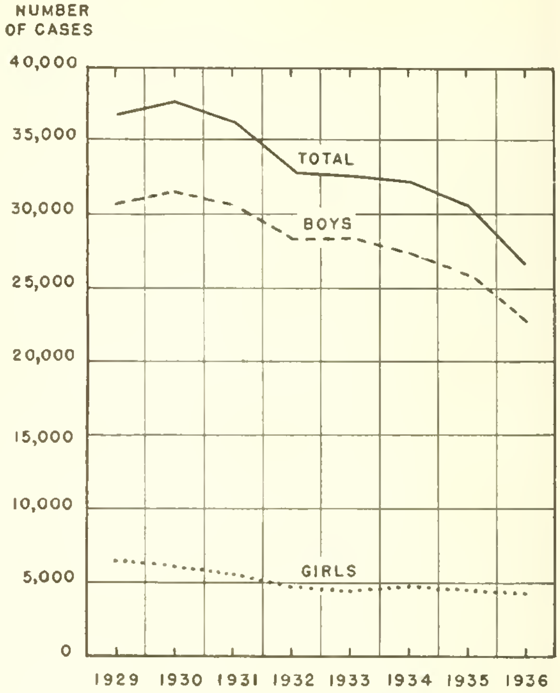
Table 5.—Sex and age distribution of 50,663 children under 16 years of age dealt with by juvenile courts in 1936

Age	Number			Percent distribution		
	Total	Boys	Girls	Total	Boys	Girls
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total....................	50,663	43,477	7,186	100.0	100.0	100.0
Under 10 years...............	3,065	2,789	276	6.0	6.4	3.8
10 years, under 12..........	7,013	6,484	529	13.8	14.9	7.4
12 years, under 14..........	13,963	12,276	1,687	27.6	28.2	23.5
14 years, under 16..........	26,622	21,928	4,694	52.6	50.5	65.3

Table 6.—Number of boys' and of girls' delinquency cases disposed of by 28 courts that reported throughout the period 1929-36

Year (1)	Total (2)	Boys (3)	Girls (4)
1929..........	36,902	30,625	6,277
1930..........	37,570	31,480	6,090
1931..........	36,221	30,664	5,557
1932..........	32,955	28,106	4,849
1933..........	32,723	28,127	4,596
1934..........	32,179	27,296	4,883
1935..........	30,554	25,905	4,649
1936..........	26,773	22,630	4,143

CHART 3—NUMBER OF BOYS' AND OF GIRLS' DELINQUENCY CASES DISPOSED OF BY 28 COURTS THAT REPORTED THROUGHOUT THE PERIOD 1929-36



crease of 12 percent in 1936 as compared with 1935 in the total number of cases disposed of by the courts. The number of boys' cases was 28 percent smaller in 1936 than in 1930, the peak year reported for boys' cases, while the number of girls' cases was 34 percent below the number for 1929, the peak year reported for girls' cases.

The gradual decrease in the number of cases, though probably indicating an actual decrease in the amount of juvenile delinquency in the areas covered by the 28 courts, may also be affected by other factors, such as the policies of the police departments and other agencies in referring cases to the courts, the intake procedures of the courts, the relation of the courts to other agencies in the communities, and the extent to which the services of child-welfare agencies tend to reduce the necessity for court action.

More detailed material based on juvenile-delinquency reports for 1936 will be published by the Children's Bureau at a later date.

* * *

Published under authority of Public Resolution No 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409) This publication approved by the Director, Bureau of the Budget, May 12, 1936

U S GOVERNMENT PRINTING OFFICE 1937

THE Child

Monthly News Summary

OCTOBER
1937

Volume 2
Number 4

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD Monthly News Summary

Volume 2 October 1937 Number 4

CONTENTS

PAGE

MATERNAL, INFANT, AND CHILD HEALTH

Causes of Maternal Mortality, by Martha M. Eliot, M.D. — 71
Trends in Mortality From Certain Diseases Prevalent During Childhood, by Elizabeth C. Tandy, D. Sc. — 75
Maternal and Child-Health Work in Brazil — 77
News and Reading Notes — 78
  MEXICO DEPARTMENT OF SOCIAL AID TO CHILDREN
  CHILD-HEALTH DAY REPORT AVAILABLE
  INFANT-MORTALITY CHARTS AVAILABLE
  MATERNITY CENTER ASSOCIATION OFFERS MATERNAL-CARE EXHIBIT
Book and Periodical Notes — 79

SOCIAL-SECURITY PROGRAM FOR CHILDREN

Current Developments in Aid to Dependent Children, by Jane Hoey — 80
Development of Group Activities in Connection With Child-Welfare Services in Lebanon, N.H., by Dorothy Cressy — 82
News Notes — 83
  CONFERENCE OF MATERNAL AND CHILD-HEALTH DIRECTORS
  ORTHOPEDIC PROGRAM IN WISCONSIN

CHILD LABOR

Child Workers in Shanghai — 84
Child-Labor Amendment: Kansas court decision — 84
Book and Periodical Notes — 85

SOCIALLY HANDICAPPED CHILDREN

News and Legislative Notes — 86
  SAN FRANCISCO'S COMMUNITY PLAN FOR CHILD WELFARE
  UNION OF SOUTH AFRICA REVISES LAWS FOR PROTECTION OF CHILDREN
Book and Periodical Notes — 86

GENERAL CHILD WELFARE

News and Reading Notes — 88
  AMERICAN LEGION CHILD-WELFARE CONFERENCE HELD
  NEW MONTHLY ON NEGRO EDUCATION APPEARS
  BIBLIOGRAPHY ON LEISURE-TIME PROGRAMS ISSUED BY N.E.A.
  PICTURE SCRIPTS ANNOUNCES NEW TITLES
  ASSOCIATION FOR CHILDHOOD EDUCATION LISTS BOOKS FOR CHILDREN
Book and Periodical Notes — 88

OF CURRENT INTEREST

On the Air — 90
New National Foundation for Infantile Paralysis — 91
Death of Edgar F. Allen — 91
News Notes — 92
Conference Calendar — 92

For sale by the Superintendent of Documents, Government Printing
Office, Washington, D.C. Price 10 cents a copy; subscription
price $1 a year; postage additional outside the United States.

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 4 October 1937

MATERNAL, INFANT, AND CHILD HEALTH

CAUSES OF MATERNAL MORTALITY

BY MARTHA M. ELIOT, M.D.
ASSISTANT CHIEF, CHILDREN'S BUREAU

Some hazards are and always will be associated with childbirth even when the best care is given, but these hazards can be reduced to a minimum. A normal, healthy woman who has received skilled medical and nursing care throughout pregnancy and has been taught the essentials of good maternity hygiene usually gives birth to a normal, healthy child. The late Dr. Williams once said: "When women of America realize the value and need for adequate maternity care they will demand it. Then and then only will they get it."

What Mortality Rates Reveal

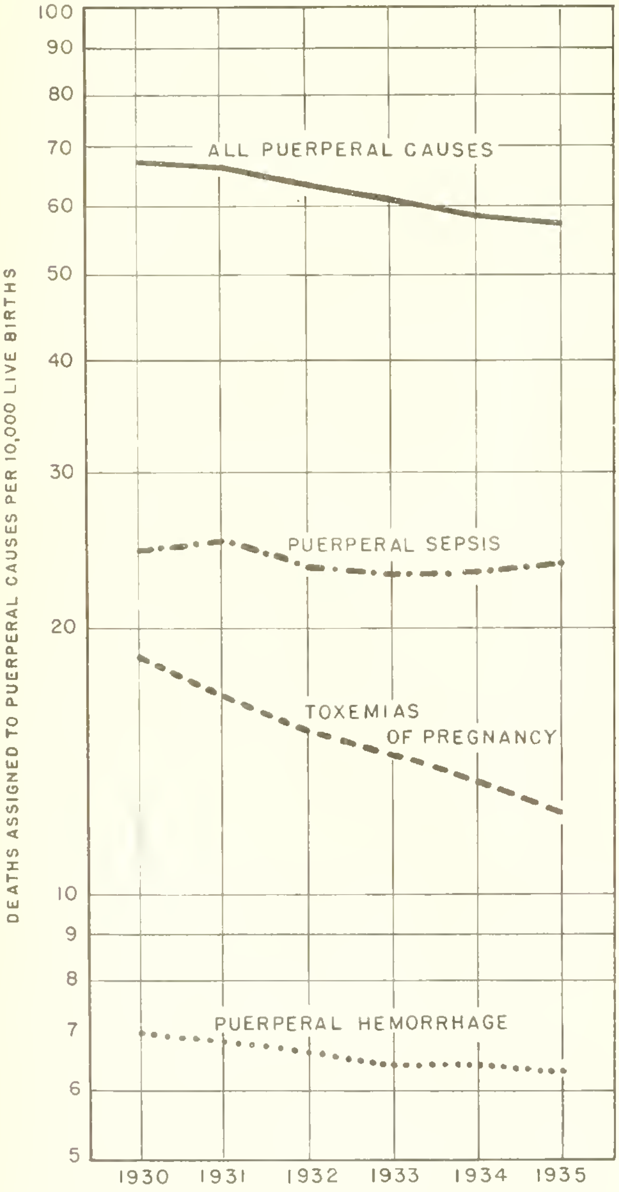
One maternal death every 37 minutes: This was the record for the United States in 1935, the latest year for which census figures are available on deaths associated with pregnancy and childbirth. The number of deaths due directly to conditions of pregnancy and childbirth was 12,544. Additional deaths of pregnant women whose deaths were assigned to other causes raised the total to 14,296.

Yet 1935 was a "good" year! The maternal mortality rate in 1935 (58 per 10,000 live births) was the lowest on record for the United States birth-registration area up to that time and represented the sixth successive year of decrease. But the number of deaths each year is still far too high. The maternal mortality rate for Negro women was 95 per 10,000 live births in 1935, as compared with a rate of 53 for white women.

Maternal mortality goes hand in hand with infant mortality and especially with stillbirths and deaths of infants during the first month of life (the neonatal period). It is significant that in the birth-registration area of 1921, although the mortality rate for infants in the second to the twelfth month of life was cut from 37 per 1,000 infants in 1921 to 21 in 1935, the death rate in the first month of life fell only from 39 to 31 and that for the first day of life remained practically unchanged. Maternal mortality rates in the birth-registration area of 1921, which included 26 States and the District of Columbia, decreased from 67 per 10,000 live births in 1921 to 54 in 1935.

Maternal mortality rates show a significant decrease since 1930. In the registration area of that year (which included 46 States and the District of Columbia) the rate was 67 in 1930 as compared with 57 in 1935. This decrease, however, is due primarily to reduction in deaths from toxemias of pregnancy (albuminuria and eclampsia and other toxemias)--conditions that can be prevented to a great extent through good prenatal care. Deaths from puerperal sepsis, which rarely occur if the technique during and following childbirth is aseptic, have not decreased appreciably during the past few years (chart 1).

MATERNAL MORTALITY, 1930-35
UNITED STATES BIRTH-REGISTRATION AREA OF 1930[1]



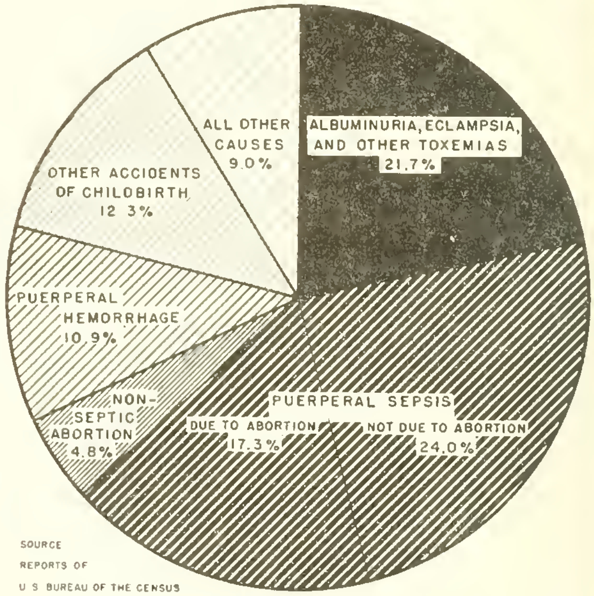
[1] Includes entire United States except South Dakota and Texas.

But Mothers Need Not Die

Practically all recent studies of maternal mortality in various sections of the country and in individual cities lead to one conclusion: that between one-half and two-thirds of the maternal deaths studied were preventable. It is reasonable to assume, therefore, that through the provision of good prenatal care by physician and nurse and the practice of good obstetrics the lives of mothers and infants can be saved. Preventive programs must be based on intelligent interpretation of causative factors.

Puerperal septicemia, toxemias, and hemorrhage are the three most important causes of maternal deaths (chart 2), and all three are to a great extent preventable.

CAUSES OF MATERNAL MORTALITY
UNITED STATES, 1935



SOURCE
REPORTS OF
U S BUREAU OF THE CENSUS

Infections (puerperal sepsis) were responsible for 41 percent of maternal deaths in 1935; more than two-fifths of these deaths due to puerperal infection followed abortion. Death from septic conditions is nearly always preventable. To prevent infection there must be education of the mother regarding proper care during the prenatal period and there must be skilled medical and nursing care at time of delivery and during the postnatal period.

Toxemias of pregnancy stand second among the causes of maternal deaths, accounting for 22 percent of maternal deaths in 1935. Eclampsia, a severe type of toxemia, caused a large proportion of these deaths. Eclampsia is preventable to a considerable degree by means of adequate prenatal care. Such care must include a complete history of the patient, a careful physical examination with blood pressure and urine examination repeated throughout the prenatal period. These must be provided for every pregnant woman if the danger signals of toxemia are to be heeded in time to prevent eclampsia.

Hemorrhage ranks third among the causes of maternal deaths, being responsible for 11 percent of maternal deaths in 1935. Hemorrhage cannot always be prevented, but when it occurs immediate and proper treatment and transfusion of blood when indicated lessen the danger of a fatal outcome and in many cases will save the life of the mother. Here again the need is for skilled medical and nursing care at the time of delivery and during the postnatal period.

Stillbirth is a very serious problem, not only in itself, but in connection with maternal mortality because deaths among mothers whose infants are stillborn are relatively more frequent than among mothers whose infants are born alive. Special studies of maternal mortality show that, in the last trimester of pregnancy, the rates for mothers whose infants were stillborn were from 8 to 14 times as high as those for mothers whose infants were born alive. The mortality rates for such mothers whose infants were stillborn ranged from 221 to 358 per 10,000 stillbirths. The rates for mothers whose infants were live born ranged from 26 to 28 per 10,000 live births. The stillbirth rate for Negroes in 1935 was 71 per 1,000 live births as compared with a white stillbirth rate of 31. Nonpuerperal diseases of the mother, especially syphilis, are more frequently associated with Negro stillbirths than with white.

Syphilis, though not a major cause of maternal deaths, is nevertheless important in connection with stillbirth and neonatal mortality in that such deaths usually can be prevented if proper tests are made and appropriate treatment is instituted early in pregnancy. Without such blood tests and the necessary treatment prenatal care is never adequate.

The Dangers of Abortion

Twenty-two percent of maternal deaths in 1935 were directly due to abortion, and nearly four-fifths of these deaths were due to infection. Records are not available to indicate the extent of criminal abortion.

The minimum ratio of abortions to confinements in this country was estimated at one to two and one-half in cities and one to five in country districts in a report adopted by the White House Conference on Child Health and Protection in 1930.[1] Fifteen percent of the pregnancies among 10,000 New York City clinic patients were terminated by criminal abortions during the first 5 years of marriage; 40 percent after 10 years of marriage.[2] In many places the professional abortionist is protected by the cloak of secrecy and society remains unawakened to the menace of the abortion problem. Many women will risk not only their future health and welfare but their very lives rather than bring into the world an unwanted baby or a baby for whom there may not be sufficient food or adequate income to provide proper care.

Essentials of Maternal Care

Causes of maternal deaths as reported by the United States Bureau of the Census tell only part of the story. The aim of any program to improve maternal care is not merely to prevent deaths but to improve the health and wellbeing of mothers and their infants. The problem is not entirely a medical one, but also an economic, social, and educational one.

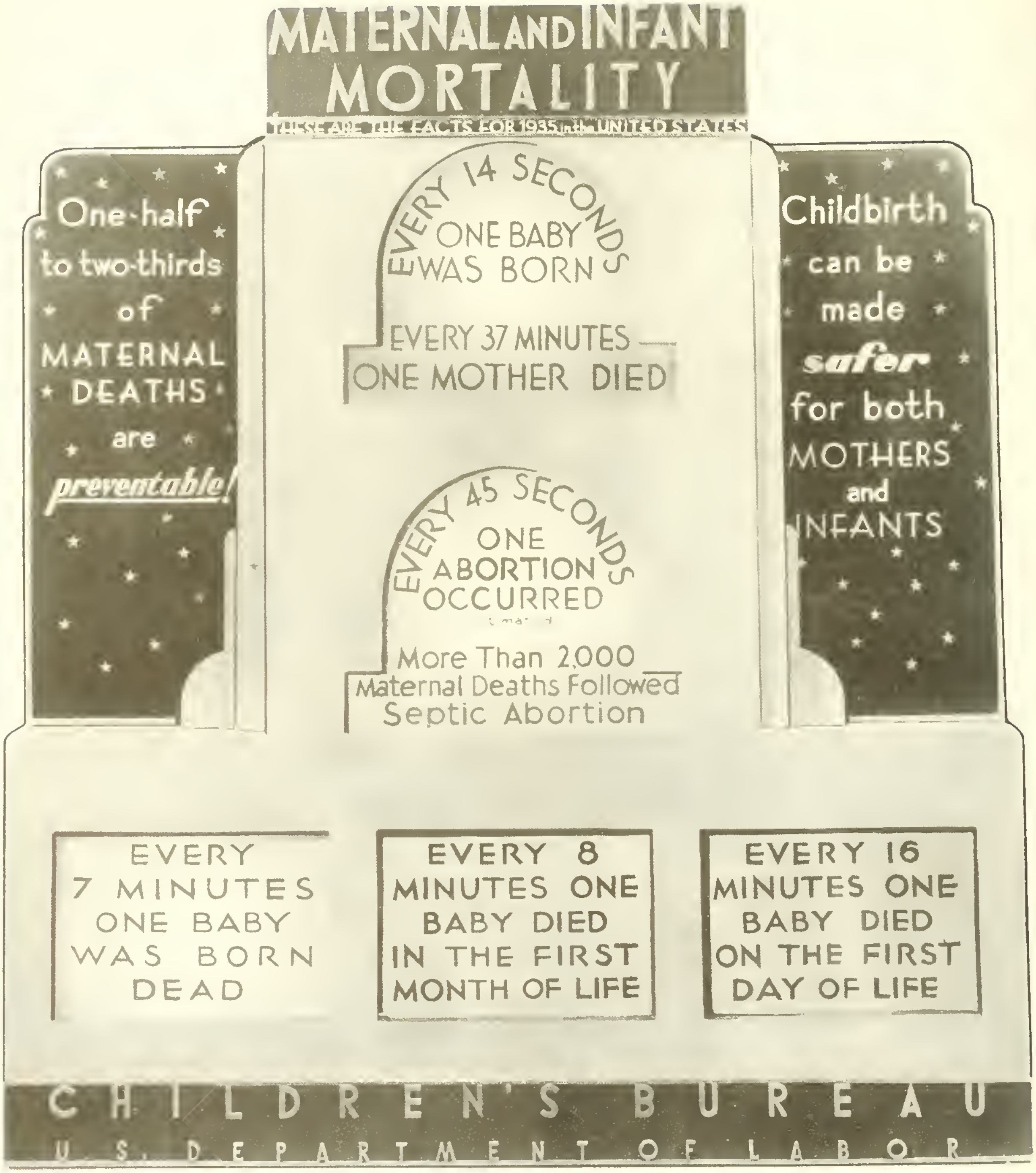
If the mother is to face childbearing without fear preparation for motherhood must begin in the premarital and preconceptional periods. The mother must be assured that regardless of her economic or social status she will be safeguarded by the best obstetric practices. Prenatal care, care during childbirth, and postnatal care are all equally essential.

Prenatal care should include proper diet, protection from worry and overwork, and healthful living conditions as well as medical and nursing care throughout pregnancy and hospitalization if necessary. To provide facilities for such care involves a study of the whole economic and social environment in which these mothers live. And not only must facilities be provided, but women must be educated to their use. Too few mothers receive

---

[1] Taussig, Dr. Fred J.: "Abortion in Relation to Fetal and Maternal Welfare." Fetal, Newborn, and Maternal Morbidity and Mortality. D. Appleton-Century Co., New York, 1933. See p. 449.

[2] Parran, Dr., Thomas, Jr., in *Public Health Nursing*, vol. 29, no. 6 (June 1937). See p. 349.



MATERNAL AND INFANT MORTALITY

THESE ARE THE FACTS FOR 1935 in the UNITED STATES

One-half to two-thirds of MATERNAL DEATHS are *preventable!*

EVERY 14 SECONDS ONE BABY WAS BORN

EVERY 37 MINUTES ONE MOTHER DIED

EVERY 45 SECONDS ONE ABORTION OCCURRED (estimated)

More Than 2,000 Maternal Deaths Followed Septic Abortion

Childbirth can be made ***safer*** for both MOTHERS and INFANTS

EVERY 7 MINUTES ONE BABY WAS BORN DEAD

EVERY 8 MINUTES ONE BABY DIED IN THE FIRST MONTH OF LIFE

EVERY 16 MINUTES ONE BABY DIED ON THE FIRST DAY OF LIFE

CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR

The exhibit of which this is a photograph was prepared for the conference of the American Public Health Association, held in New York, October 5-8, 1937. This is a flasher display in colors, with the legends lighting up in rotation. The exhibit measures 6 by 5½ feet and can be borrowed for use at conferences and meetings, the borrower paying transportation charges.

medical care throughout pregnancy either because they cannot pay for care, because they do not live in communities where there are facilities for such care, or because they have not been educated to seek and demand proper care. Maternal care must be regarded as a community problem of the greatest consequence if the human resources of the Nation are to be conserved.

Safer Childbirth The Goal

The Children's Bureau under title V of the Social Security Act has been given the responsibility for promoting services for the health of mothers and children. Preventive programs can be started only when the needs of the communities are understood. Through the Divisions of Maternal and Child Health in the States studies are being made of these needs.

Nearly all the plans for maternal and child-health services for the fiscal year 1938 submitted by the States to the Children's Bureau show increasing recognition of the need for more community service for mothers and infants, especially with respect to care of mothers at time of delivery. Better and more extensive facilities for prenatal care are gradually being provided, new programs of nursing care at time of delivery are being inaugurated; but there is still a long way to go before all mothers will be provided with adequate medical and nursing care.

The recommendations of the General Advisory Committee to the Children's Bureau and of the State and Territorial Health Officers (see THE CHILD, vol. 1, no. 11, p. 12) that resources should be found to extend the maternal and child-health services under the Social Security Act must be carried out if adequate care is to be given. Facilities for diagnosis and treatment of the complications of pregnancy, for proper care at delivery in the home by a qualified local physician assisted by nurses trained in obstetrics, for consultation service by obstetricians and pediatricians, and for hospitalization when necessary--all these must be available for all communities if lives of mothers and infants are to be saved.

TRENDS IN MORTALITY FROM CERTAIN DISEASES PREVALENT DURING CHILDHOOD *

BY ELIZABETH C. TANDY, D.Sc.,
SENIOR STATISTICIAN, CHILDREN'S BUREAU

Mortality from the four typical communicable diseases of childhood (whooping cough, diphtheria, measles, and scarlet fever) and also from pneumonia, which claims a large death toll among children under 15 years of age, has decreased greatly in recent years. In the States in the death-registration area of 1910[1] the mortality rate from each of these causes was markedly lower in 1930 than in 1910. The year 1930 is recognized as a year in which mortality from communicable diseases was especially low, but the rates for 1935 substantiate the marked reductions shown during the period 1910-30.

In 1935 in the United States whooping cough was responsible for 4,721 deaths of children under 15; diphtheria, for 3,504 deaths among children of these ages; measles, for 3,371; scarlet fever, for 2,070; and pneumonia, for 27,547. All these diseases caused more deaths of children under 5 years of age than of children 5 to 9 years or 10 to 14 years.

Whooping Cough

Whooping cough is an important cause of death only among children under 5 years of age. The mortality rate from this cause was 62 percent lower in 1930 than in 1910. The rates per 100,000 children under 15 years of age in 1910, 1920, and 1930 in the same group of 20 States and the District of Columbia and in 1935 in the United States, were:

MORTALITY RATES FROM WHOOPING COUGH AMONG CHILDREN UNDER 15 YEARS

Year	Area	Mortality rate[a] of children		
		Under 5 years	5 to 9 years	10 to 14 years
1910	20 States and D.C.	108.0	4.6	0.4
1920	20 States and D.C.	117.0	4.9	0.6
1930	20 States and D.C.	41.3	1.0	0.2
1935	United States	42.9	1.6	0.3

[a] Per 100,000 children of the age group.

---

[1] One birth-registration State (North Carolina) is excluded from these computations, which include 20 States and the District of Columbia.

Diphtheria

Diphtheria was second in importance among these communicable diseases as a cause of death among children under 15 years in the United States in 1935. Between 1910 and 1930 in the same group of States the mortality rate from diphtheria was reduced 82 percent for children under 5 years, 77 percent for children 5 to 9 years, and 83 percent for children 10 to 14 years of age. The rates per 100,000 children of these ages in the areas covered were:

MORTALITY RATES FROM DIPHTHERIA AMONG CHILDREN UNDER 15 YEARS

Year	Area	Mortality rate[a] of children		
		Under 5 years	5 to 9 years	10 to 14 years
1910	20 States and D.C.	127.0	58.3	14.8
1920	20 States and D.C.	85.2	48.1	14.4
1930	20 States and D.C.	22.8	13.6	2.5
1935	United States	22.4	7.8	1.9

[a] Per 100,000 children of the age group.

Measles

The third in importance among these communicable diseases as a cause of death among children under 15 years in the United States in 1935 was measles. Between 1910 and 1930 the mortality rate from measles in the same group of States was reduced 73 percent for children under 5 years, 62 percent for children 5 to 9 years, and 72 percent for children 10 to 14 years. The rates per 100,000 children of these ages in the areas covered were:

MORTALITY RATES FROM MEASLES AMONG CHILDREN UNDER 15 YEARS

Year	Area	Mortality rate[a] of children		
		Under 5 years	5 to 9 years	10 to 14 years
1910	20 States and D.C.	97.8	11.6	3.2
1920	20 States and D.C.	82.4	9.9	2.1
1930	20 States and D.C.	26.3	4.4	0.9
1935	United States	23.3	5.6	2.1

[a] Per 100,000 children in the age group.

Scarlet Fever

Scarlet fever ranked fourth in importance among these communicable diseases as a cause of death among children under 15 years in the United States in 1935. Between 1910 and 1930 the mortality rate from scarlet fever was reduced in the same group of 1910 death-registration States 86 percent for children under 5 years, 83 percent for children 5 to 9 years, and 76 percent for children 10 to 14 years. The rates from scarlet fever per 100,000 children of these ages in the areas covered were:

MORTALITY RATES FROM SCARLET FEVER AMONG CHILDREN UNDER 15 YEARS

Year	Area	Mortality rate[a] of children		
		Under 5 years	5 to 9 years	10 to 14 years
1910	20 States and D.C.	61.1	33.9	9.3
1920	20 States and D.C.	24.5	14.9	5.1
1930	20 States and D.C.	8.6	5.8	2.3
1935	United States	9.0	7.0	2.4

[a] Per 100,000 children of the age group.

Pneumonia

Mortality from pneumonia in all its forms has also been greatly reduced, although pneumonia was still an extremely important cause of death in 1935. The death rate for children under 5 years of age from pneumonia in 1910 in the death-registration States of that year was 554 per 100,000 children of this age group. In 1935 in the United States as a whole it was 229, or 5 times as high as any of the other four diseases here considered. The decrease in the mortality rate from pneumonia from 1910 to 1930 in the same group of death-registration States was 48 percent for children under 5 years, 45 percent for children 5 to 9 years, and 36 percent for children 10 to 14 years. The rates for all forms of pneumonia per 100,000 children of these ages in the areas covered were:

MORTALITY RATES FROM PNEUMONIA (ALL FORMS) AMONG CHILDREN UNDER 15 YEARS

Year	Area	Mortality rate[a] of children		
		Under 5 years	5 to 9 years	10 to 14 years
1910	20 States and D.C.	554.0	30.8	16.0
1920	20 States and D.C.	448.0	32.0	19.2
1930	20 States and D.C.	285.5	17.0	10.2
1935	United States	228.6	17.9	11.9

[a] Per 100,000 children of the age group.

The importance of pneumonia as a cause of death among children of these ages is greater than is shown by the mortality rates from the disease. Pneumonia was a contributory cause of death in 1925 (the latest year for which this classification is available) in 33 percent of the deaths of persons of all ages from these four communicable diseases most prevalent in childhood, 73 percent of the deaths from measles, 59 percent of the deaths from whooping cough, 12 percent of the deaths from scarlet fever, and 7 percent of the deaths from diphtheria.

These reductions in mortality rates have resulted in a very great saving in child life. In 1935 in the United States, 41,213 children under 15 years of age died from these diseases. Had 1910 rates prevailed in 1935, the number of deaths would have reached about 121,000. In other words, in the single year 1935 these reductions in mortality rates meant a saving of the lives of approximately 80,000 children under 15 years of age.

MATERNAL AND CHILD-HEALTH WORK IN BRAZIL

Observance of Child-Health Day and Mothers' Day was introduced in Brazil by the Cruzada Pro-Infancia, an organization founded by the Educadoras Sanitarias in São Paulo on a voluntary basis 6 years ago. The Brazilian Child-Health Day, which falls on October 12, was observed last year in 9 of the 21 States of Brazil.

The Cruzada Pro-Infancia, of which Pearl Ellis Byington is the Director General, operates a central dispensary and clinic for maternity cases in São Paulo and also four suburban clinics. These undertake to see that maternity care is provided as needed either in a hospital or in the home, and also endeavor to provide care for children in the family during the mother's absence.

The aim of the association is to initiate programs in the field of maternal and child health and to develop them to a point where the Government or some official agency will take over the work. It obtained permission, for example, to organize recreational and cultural programs for children in an unused park in São Paulo. The Municipal Department of Culture of São Paulo, created two years ago, has now taken over this work, as shown in the accompanying photograph, and has added the feature of placing in each park of the city a collection of books selected for children of different ages.

The Cruzada Pro-Infancia is now a recognized agency registered under the Department of Social and Hospital Assistance, and receives a small annual appropriation from the Government. As a result of the Mothers' Day plea in 1937 for State aid to dependent mothers, the State of Bahia has instituted a system of aid for dependent nursing mothers. An illustrated report covering the work of the first 3 years of the Cruzada has been printed *(Cruzada Pro-Infancia; Relatorio dos Trabalhos Realizados de 12 de Agosto de 1930 a 3 Maio de 1933, São Paulo [no date]. 36 pp.)*

NEWS AND READING NOTES

Mexico Department of Social Aid to Children

A Department of Social Aid to Children (Departamento de Asistencia Social Infantil) is to be established in Mexico in accordance with a recent decree of the President, and will apparently take over part of the child-health work heretofore done by the department of health.

The new department is to be in charge of health work for mothers and for children under school age. It is also to enforce the legal provisions on preschool education and to establish and supervise various maternal and child-welfare agencies, such as prenatal clinics, maternity homes, day nurseries, and kindergartens. The supervision is to extend to all agencies, whether maintained by the Federal Government, or by States, municipalities, or private persons.

The decree became effective on July 1, 1937. *Gaceta Médica de Mexico, August 31, 1937, pp. 479-480.*

* * * * *

Child-Health Day report available

A report on Child-Health Day Activities 1937 by the Chief of the Children's Bureau is now available in mimeographed form (Washington, September 1937; 13 pp.).

Child-Health Day proclamations were issued in 1937 by the President of the United States and by the Governors of 27 States. State May-Day chairmen, usually the director of the Bureau of Maternal and Child Health in the Department of Health, were appointed in 43 States, the District of Columbia, Alaska, and Hawaii. Activities reported from practically all States were: (1) the sending out of Child-Health Day suggestions and materials to county and local health and school officials; (2) press releases; (3) lectures and radio talks; (4) distribution of Child-Health Day posters; (5) child-health editions of health-department bulletins.

Specially prepared booklets or packets of material containing factual information on child health and on methods of combating dangers to child health as well as program material for adult and school groups were sent out by the following States: Alabama, Colorado, Florida, Georgia, Indiana, Iowa, Kentucky, Michigan, Mississippi, New York, North Dakota, South Dakota, Tennessee, Texas, Utah, West Virginia, Wyoming.

Infant-mortality charts available

Four new charts (8" x 10½") based on material furnished by the Bureau of the Census have been prepared by the Children's Bureau and are now available for free distribution:

Mortality in certain periods of the first year of life, 1921-35 (U.S. birth-registration area of 1921).

Mortality in certain periods of the first year of life, 1915-35 (U.S. expanding birth-registration area).

Infant mortality from specified groups of causes, 1921-35 (U.S. birth-registration area of 1921).

Infant mortality in urban and rural districts of the United States (expanding birth-registration area, 1915-35).

Maternity Center Association offers maternal-care exhibit

The Maternity Center Association (1 East 75th St., New York) has prepared an exhibit on maternity care suitable for use at conventions, meetings, county fairs, community exhibits, or in store windows. Under the main caption, Safe Motherhood, are the subtitles, Choose a competent doctor--early; Plenty of rest, exercise, and good food; and Safe delivery care--14 days in bed. The exhibit measures 40 inches high by 50 inches long. Completely assembled exhibits can be obtained from the Maternity Center Association at $5; or materials, and instructions for assembling them at $2.50.

BOOK AND PERIODICAL NOTES
(Maternal, Infant, and Child Health)

HEALTH UNDER THE "EL"; the story of the Bellevue-Yorkville Health Demonstration in midtown New York, by C.-E.A. Winslow and Savel Zimand. Published for the Milbank Memorial Fund by Harper & Bros., New York, 1937. 203 pp. $2.25.

The history of a 10-year experiment in neighborhood health promotion carried on in the heart of New York City by the city health department and the Milbank Memorial Fund is summarized in this volume.

It is recorded that for the 5-year period (1922-26) before the demonstration the infant mortality rate in the Bellevue-Yorkville district was 93 per 1,000 live births, as compared with 73 for the entire Borough of Manhattan. The rate for the last 5 years of the demonstration was 73, a decrease of 22 percent. The decrease for the Borough of Manhattan was 4 percent.

In 1928 there were 28 deaths from diphtheria in the Bellevue-Yorkville district. In the following year the demonstration began an intensive antidiphtheria campaign. There were no deaths from diphtheria in the district in the year 1930; there were 9 in 1931, 3 in 1932, and none in 1933. In the Bellevue-Yorkville district the decrease in mortality from diphtheria was 82 percent for 1929-33 as compared with 1922-26; in the Borough of Manhattan the decrease was 74 percent.

The tuberculosis death rate was 133 per 100,000 population in the Bellevue-Yorkville district during the years 1922-26. The rate was cut during the period of demonstration so that for 1929-33 it was only 92 per 100,000 population.

Mortality from other types of causes was also greatly reduced during the period of demonstration. In 1929-33, as compared with 1922-26, the death rate from typhoid was reduced 75 percent; from measles, 94 percent; from scarlet fever, 67 percent; from whooping cough, 75 percent; and from diarrhea and enteritis, 50 percent.

Activities of the demonstration included a dental clinic that benefited 15,000 children, a general health-education program, and an intensive campaign against street accidents.

In his foreword to the volume, Mayor La Guardia states: "The benefit of the public-health measures worked out in Bellevue-Yorkville has not been confined to that district. The health center has become the basis of our health program. Nine new health centers are now under construction or just finished. The private as well as the public health agencies of the community are being mobilized to fight disease."

FEEDING BEHAVIOR OF INFANTS, by Arnold Gesell, Ph.D., M.D., Sc.D., and Frances L. Ilg, M.D. J.B. Lippincott Co., Philadelphia, 1937. 201 pp. $4.50.

This volume is based on years of study of infant behavior and upon careful observation of the daily life of infants under normal home conditions. "The feeding behavior of the infant is perhaps the most informative single indicator of his personality." The growth of the "feeding pattern" from birth throughout the first years is described. In order to aid the physician, nurse, or parent in observing the individual infant's behavior characteristics and in arriving at an estimate of his feeding-behavior status the authors have drawn up a schedule of norms to be used as points of reference. The need for individualization of infant feeding is demonstrated and procedures for dealing with this and with problems of behavior hygiene are discussed.

Case histories and photographs from the cinema records made of the infants who were studied illustrate the material on which this analysis is based.

ANALYSIS OF ANTENATAL RECORDS FOR THE 5-YEAR PERIOD 1930-34, INCLUSIVE, by Hilda Menzies, M.D., D.P.H. *Medical Officer* (London), vol. 58, no. 2 (July 10, 1937), pp. 19-21.

This analysis was undertaken primarily to discover the proportion of pregnancies occurring in the different age groups among women who attended the municipal antenatal clinics in the Borough of Leyton throughout the years 1930-34, inclusive. The findings of the study indicate that maternal age is more significant than previous fertility in relation to the incidence of abnormalities in pregnancy. Because of the wide variation in the number of cases studied in different age groups and the distribution of abnormalities according to age and pregnancy, significant findings are not demonstrable as to incidence of types of abnormalities.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

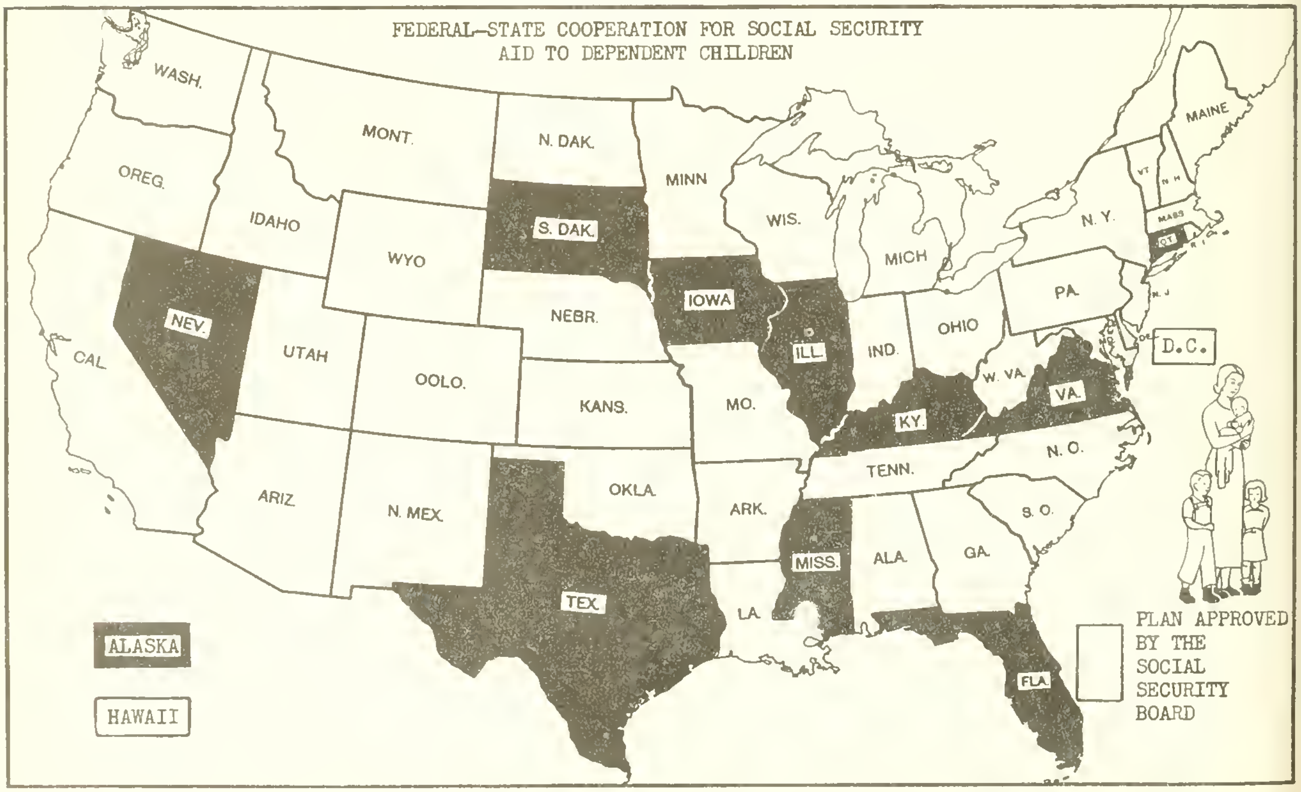
CURRENT DEVELOPMENTS IN AID TO DEPENDENT CHILDREN

BY JANE HOEY, DIRECTOR
BUREAU OF PUBLIC ASSISTANCE, SOCIAL SECURITY BOARD

With the approval of 11 State plans since the first of June, aid to dependent children under the Social Security Act has made outstanding progress during recent months. This marked increase in State participation followed the passage of new laws or the revision of existing "mothers' aid" laws by many State legislatures during their 1937 sessions.

By October 15, 38 States, the District of Columbia, and Hawaii were participating in this program and, with Federal cooperation, were aiding some 488,500 children in about 196,400 families, according to estimates based on reports for past months. This current total is nearly twice as large as the number aided from Federal, State, and local funds in October 1936. The average monthly grant to families with dependent children has also shown a significant increase --- from about $27 in August 1936 to approximately $31 in August 1937, the last month for which reports are available.

The Social Security Act has thus already helped the States to give assistance to many more dependent children and in somewhat more adequate amounts. This is due to two facts--first, with the Federal Government now paying one-third of their total expenditures, up to $18 for the first child and $12 for each additional child in the same home, the States have more money available; and, second, the more liberal interpretation of eligibility requirements stimulated by the Social Security Act has brought more dependent children within the scope of State programs. Since the act reserves to the States a wide margin of freedom in setting up their assistance programs, approved State plans vary considerably, but certain general trends are apparent.


FEDERAL-STATE COOPERATION FOR SOCIAL SECURITY
AID TO DEPENDENT CHILDREN
WASH.
OREG.
CAL.
NEV.
IDAHO
MONT.
WYO
UTAH
COLO.
ARIZ.
N. MEX.
N. DAK.
S. DAK.
NEBR.
KANS.
OKLA.
TEX.
MINN
IOWA
MO.
ARK.
LA.
WIS.
ILL.
MISS.
MICH
IND.
KY.
TENN.
ALA.
GA.
FLA.
OHIO
W. VA.
VA.
N. C.
S. C.
PA.
N. Y.
VT
N. H.
MAINE
MASS
CT
R. I.
N. J.
DEL.
MD.
D.C.
ALASKA
HAWAII
PLAN APPROVED BY THE SOCIAL SECURITY BOARD

No approved plan may, for example, make any county or town residence requirement; legal residence in the State need not be required unless the State wishes, and in any case the maximum State residence requirement cannot be higher than 1 year. Federal funds may be used for the support of children up to the age of 16; they may also be used to assist children who have been made dependent for any of a variety of causes, and to aid those who live in the homes of certain other relatives, as well as those who live with their mothers. On all these points the Social Security Act is more liberal than most of the earlier State laws. State plans can be approved even if their standards with regard to age, causes of dependency, or relatives with whom a child may live are less inclusive than those of the act; but actually most of the participating States have made their requirements practically coextensive with these liberal standards promulgated by the Federal law. Finally, the provision that the Federal Government will contribute to assistance for children in their own homes, but not in public institutions, has given additional emphasis to the long-recognized policy of maintaining family life, when the home is normal and wholesome and the child has no special needs requiring institutional care.

The Social Security Act helps the States to provide not only more assistance but better assistance. Its provisions for State-wide operation and State participation in both administration and financing help the States to place assistance on a more equal basis as between their richer and their poorer communities and to make services, which few localities can afford, available throughout the State. The requirement that those whose applications are denied must be assured a fair hearing before the State agency promotes effective administration and the equitable application of State-wide standards in all communities.

The major responsibility for administering this provision of the Social Security Act, as for most of its other provisions including the three maternal and child-welfare programs, rests upon the States. To them goes a very large share of the credit for all that has been accomplished since Federal cooperation has been made available by the act. With all the branches of our Government working together, our long-recognized obligations toward children are being more adequately discharged than was possible under the piecemeal legislation of the past.

Nevertheless, in relation to aid to dependent children, as well as to other parts of our social-security program, many problems are still to be met--among them: the expansion of the program to cover all children in need of this kind of assistance; the development of plans in States not yet taking advantage of Federal aid; the reconsideration of the many serious questions relating to the financing of the program, from the point of view of both the States and the Federal Government; the need for staff workers at every level who, by reason of their training, experience, and personal qualifications, are competent for the difficult job entailed in a program that affects the welfare of so many children and their families; and the building up of a well-rounded welfare program in each State to facilitate effective cooperation among all the State and community agencies serving children and their families. Underlying all these is the basic need of all child-welfare efforts -- the continuing education of the American people so that they will be prepared to translate their traditional love of children into increasingly constructive and far-reaching measures for the good of the Nation's future citizens.

* * *

DEVELOPMENT OF GROUP ACTIVITIES IN CONNECTION WITH CHILD-WELFARE SERVICES IN LEBANON, N.H.

BY DOROTHY CRESSY, CHILD-WELFARE SERVICES WORKER,
NEW HAMPSHIRE STATE BOARD OF WELFARE AND RELIEF

Early in 1936 the New Hampshire State Board of Welfare and Relief, taking advantage of Federal social-security funds made available to the State for the development of preventive and protective services for dependent and neglected children in rural areas, assigned a child-welfare worker to lower Grafton County with headquarters in the town of Lebanon. As the worker became familiar with the problems of the children referred to her for service, particularly those from the Municipal Court, she realized that many of them arose out of a lack of organized group activities in the area. The worker in developing her program of case-work services for children took every opportunity to stress to local citizens the need for better educational, recreational, and vocational opportunities if the community were to meet its responsibilities to its young people.

There was in Lebanon, a town of about 2,000 population, a community building that had been used by the Women's Club for its meetings and at other times was utilized by a group of boys who boxed, played pool, and used the bowling alleys at random. There were no organized groups for young people except a Boy-Scout troop. The people in the town gradually came to realize that this building was not being used to advantage and in September the town engaged an experienced Y.M.C.A. worker to give part time to the supervision and development of activities for young people. With the assistance of a worker made available by National Youth Administration funds it was possible to organize additional groups of boys, form another Boy-Scout troop, and start a stamp club. The girls presented a more perplexing problem because they felt that the community building was exclusively for the use of the boys. In addition no suitable leader for girls' activities was available. The child-welfare worker agreed to assume the initial responsibility for organizing groups of girls, the leadership to be taken over eventually by a lay person in the community.

One of the first groups of girls to come to the worker's attention were junior high school girls, about 12 in number, who hung around the town hall at night. With the assistance of the director of activities a series of record parties was started for this group, the school furnishing the machine, the girls bringing the records, and the director providing a room in the building for dancing and refreshments. This program was short-lived because of the lack of boys for dancing partners. However, it was one step in getting the girls to plan together and in making the community conscious of their needs.

Another instance of cooperation had more immediate success. The Judge of the Municipal Court referred to the worker three boys charged with attempted theft. It was the first offense of two of the boys, but the third was on parole from a State institution for delinquents. Investigation brought to light the fact that each boy had been unhappy in his home and social relationships. Ted, a pleasing overgrown 14-year old, was being brought up by an aunt and uncle because his own home had been broken up. The foster parents continually cautioned him against behaving like his father, who was considered a ne'er-do-well. He had withdrawn from a club when he was not made president, taking Charles and Robert with him.

Charles, also 14, was the son of a widow who was crippled. Apparently he had never done anything wrong before though he was inclined to bully small boys. Because he could not do fifth-grade work, his teacher had made him a sort of special assistant and he was proud of his usefulness around the school building. Charles went to Sunday school regularly, sold magazines, and had a bicycle.

Robert, a tough but friendly boy of 12, had been committed to the State Industrial School at the age of 9 for repeated stealing. He felt strongly aggrieved because another boy had got off more lightly. It was Robert who had engineered this attempt at breaking and entering a second-hand store. His parents were an easygoing couple, neither one of whom seemed to have the will power Robert showed.

The boys were placed on probation with the understanding that they had to be at home each night at 6 o'clock. Because they seemed to need to learn how to get along with other boys, special permission was granted them to attend any organized activity at the Community Club. They became members of a club there and it was felt that they made real progress in their relations with others. The social worker followed through with the court, the school, and the homes. At last reports the boys were making good progress.

The seeming lack of resources in the community made it necessary for the court, the school, the social workers, and the recreational leaders to work closely together to develop as well-rounded a program as possible for the children of the community and to interpret to citizens the value of these activities.

NEWS NOTES

Conference of maternal and child-health directors held

Maternal care in its various aspects was discussed by a conference of State directors of maternal and child health, meeting with the Children's Bureau in Washington on September 30 and October 1, 1937. Edwin F. Daily, M.D., Director of the Maternal and Child-Health Division of the Children's Bureau, acted as chairman.

At the opening session, after a welcoming address by Katharine F. Lenroot as Chief of the Children's Bureau, Dr. Martha M. Eliot, Assistant Chief, spoke on maternal and child-health programs in relation to present needs. Programs for improving the care of premature infants, development of delivery nursing services and maternal-care programs, the extension of prenatal medical and nursing service, and the development of nutrition programs were discussed by other members of the Children's Bureau staff, and by State maternal and child-health directors. The program included three guest speakers who spoke on the development of programs of postgraduate education: Dr. James D. Bruce, Vice President, University of Michigan; Dr. Frank E. Whitacre, Clinical Instructor, Committee on Postgraduate Instruction in Obstetrics, Tennessee State Medical Association; and Dr. George M. Lyon, Huntington, W. Va. Dr. Harold H. Mitchell, Health Officer, City of New York Health Department, spoke on the subject "A Well-Rounded School Health Program."

The opening session was attended by Frances Perkins, Secretary of Labor, who spoke informally on the relationship of the maternal and child-health services to the whole social program.

Orthopedic program in Wisconsin

The Crippled Children Division of the Wisconsin Department of Public Instruction participated in an exhibit in the Hall of Health conducted in Milwaukee, September 10-17, by invitation of the State Medical Society. The Crippled Childreh Division's exhibit included a motion picture presenting the services made available through the orthopedic school program of Wisconsin and a series of posters.

The eleventh orthopedic school to be established in Wisconsin was opened in September 1937 in Superior, in the extreme northwest section of the State. It will accommodate crippled children from six or seven surrounding counties, as well as those residing in the city of Superior.

The fall clinic program of the Wisconsin Crippled Children Division opened September 18 with a clinic in La Crosse, at which 88 children were examined. The Eau Claire County Medical Society has approved the holding of an orthopedic clinic for that community on October 8 and the Sheboygan County Medical Society has approved one for October 30. *(From statement of Wisconsin Crippled Children Division.)*

CHILD LABOR

CHILD WORKERS IN SHANGHAI

Considerable light is thrown on the conditions under which children have been employed in Shanghai by a pamphlet, Regulation of Industrial Conditions, reprinted from the 1936 annual report of the Shanghai Municipal Council by the North-China Daily News & Herald (Shanghai, 1937, 12 pp.).

This report states that "after several years of negotiation, agreement was arrived at between the Chinese authorities and the Council regarding the application of the Factory Act in the International Settlement, by which the Council agreed to apply those portions of the Factory Act together with the bylaws and regulations in connection therewith which are enforced in Chinese territory and which are agreed upon in negotiation from time to time. Under the agreement an inspectorate consisting of equal numbers of inspectors nominated by the Chinese authorities and by the Council was agreed to be established within the Council, to function in accordance with the Chinese Factory Inspection Laws."

It is stated that "a survey of the health of young workers in several trades, found to be suffering during the summer from beri-beri and other diet-deficiency diseases, has been particularly useful in making known the fact that in a situation where the food which they eat is the sole reward of many, this food causes definite disease."

The following excerpt is quoted from the section on apprentice and child labor:

> *Apprentice and child labor.*--In preindustrial times in China, apprentices desiring to learn a craft entered the home of a master craftsman and for a period worked without wages in return for food and an opportunity to learn definite skills. The same method has been carried over into the modern workshop and small factory, the essential difference being, however, that merely routine repetitive processes are learned. In effect unpaid child labor is used. The Chinese Government Factory Act contains clauses which provide certain safeguards for "apprentices,"but there is no definition which states what an apprentice is. In December 1936 the Legislative Yuan enacted a minimum-wage law, a pertinent clause of which indicates that child workers are to be paid half the adult wage determined as equitable for the trade and district . . . When half the wages of adults have to be paid to child workers, it is conceivable that it will no longer be of value to use them to the present extent.
>
> In the meantime, wherever unpaid boy labor is used, opportunity is taken to bring to the attention of workshop owners their responsibility. Especially is it pointed out that the food which is given the boys to eat is an important factor in preventing the serious diet-deficiency diseases to which attention is drawn elsewhere in this report. Workshop owners who have a high turnover in a single year due to this cause are anxious for information as to how sickness may be prevented. Insistence upon proper medical care for boys who are injured, on better sleeping accommodation from which there is easy exit and in locations which do not offer industrial health hazards, are among some of the protective measures which at the present time the Industrial Section requests on behalf of these young workers.
>
> The Chinese Government Factory Act applies only to enterprises where more than 30 workers are employed. It is in small shops where less than this number are to be found that unpaid boy workers are frequently used. It may thus be seen that a downward revision of the number which constitutes a factory under the law will be necessary if young workers are to have the benefit of legal protection.

CHILD-LABOR AMENDMENT

Kansas court decision on amendment

The Supreme Court of Kansas recently upheld the validity of the action taken last February by the Kansas State Legislature in ratifying the proposed child-labor amendment to the Constitution of the United States. The validity of the ratification had been contested on three grounds: That the Lieutenant Governor as presiding officer of the Senate was not entitled to vote on the ratification resolution; that the legislature having rejected the proposed amendment in January 1925 had exhausted its power with reference to the amendment; and that the action of the legislature in ratifying the proposed amendment was not valid or binding because the amendment had lost its potency, having been before the States since 1924. The Court decided against all three contentions, and concluded that ratification of the amendment by the Legislature of Kansas was final and complete. In regard to the third point the Court held that the proposed child-labor amendment adopted by Congress on June 2, 1924, retained its original vitality, having a "relation to the sentiment and felt needs of today."

BOOK AND PERIODICAL NOTES

(Child Labor)

DIGEST OF STATE AND FEDERAL LABOR LEGISLATION ENACTED SEPTEMBER 15, 1936, TO JULY 1, 1937. Bulletin No. 15, Division of Labor Standards, U.S. Department of Labor. Washington, 1937. 124 pp.

The third annual digest of labor legislation issued by the Division of Labor Standards includes summaries of the provisions of new laws relating to apprenticeship, child labor, hours of work, industrial home work, social security, wages, and workmen's compensation.

OCCUPATIONAL GUIDANCE, by Paul W. Chapman. Turner E. Smith & Co., Atlanta, Ga., 1937. 632 pp. $1.76.

This book was prepared as a basal text for classes studying occupations, vocational civics, or social science, to provide information through which pupils may be able to make plans for a successful and satisfying career. It is designed for use at the junior high school level. A workbook correlated with the text is available.

MUI TSAI IN HONG KONG AND MALAYA; report of commission. Issued by the Colonial Office. H. M. Stationery Office, London, 1937. 314 pp. Price, 5s. net.

This is the report of a commission appointed in March 1936 by the British Secretary of State for the Colonies to investigate the whole question of mui tsai and of related practices in Hong Kong and Malaya. Sir Wilfred Woods served as chairman of the commission.

The term "mui tsai" is used in Hong Kong to refer to a girl who has been transferred from her own family to another family "for a valuable consideration" with the intent that she shall be used as a domestic servant. She does not ordinarily receive regular wages and is not at liberty to leave her employer's family. The custom implies that when a mui tsai reaches marriageable age she shall be married to a suitable husband, and that if not married by the age of 18 her employment shall be terminated. At the end of May 1936 there were still on the registers 456 girls under 15 years of age who had been registered as mui tsai in 1930, that is, when registered as mui tsai they could not have been more than 9 years of age. Only 241 of these were under supervision in 1936, the whereabouts of the rest being unknown.

A historical account of the mui-tsai system is given and also an account of investigations, reports, ordinances, and legislation relating to it.

The commission reports that the mui-tsai system does not ordinarily expose a girl to sex exploitation or to moral dangers, but that it does result in the "exploitation of the capacity of girl children for domestic labor." It finds that in Hong Kong there has been rapid progress towards the abolition of the system since the ordinance of 1930 requiring the registration of existing mui tsais and prohibiting the acquisition of new mui tsais; but that in Malaya progress toward abolition has been less satisfactory.

In a minority report published in the same volume, Miss Picton-Turbervill disagrees with the other members of the commission as to the progress toward abolition made under the mui-tsai ordinance of 1930, and recommends a female child protection ordinance of broader scope.

HIGIENE DE LOS TRABAJADORES, by Alfonso Pruneda. National University of Mexico, Mexico City, 1937. 82 pp.

Dr. Pruneda, Professor of Industrial Hygiene and Medicine in the National School of Medicine, University of Mexico, in this volume discusses the importance of industrial hygiene, health education, industrial hygiene of women, adolescents, and children, sanitation, prevention of industrial accidents, and medical and social service in industry.

The chapter on women and children summarizes existing child-labor laws in Mexico, which allow children 12 and under 16 years to work a maximum of 6 hours a day, points out the disadvantages of child labor and the fact that in Mexico there are still many children who are victims of exploitation by members of their family or their employers, and urges that the school laws be strictly enforced and that the school-leaving age be raised.

SOCIALLY HANDICAPPED CHILDREN

NEWS AND LEGISLATIVE NOTES

San Francisco's community plan for child welfare

The Report of the Committee on Community Plan for Child Welfare submitted to the Children's Council of the Community Chest of San Francisco on August 1, 1937, is now available (San Francisco, 1936, 80 pp.). This comprises a summary of the committee's policies on matters relating to this report and the study on which it was based, and the recommendations of the committee.

In the conclusion to the report the committee lists 11 tangible achievements already obtained through its initiation, planning, or active help: (1) Establishment of a public-welfare commission in San Francisco; (2) State legislation in 1937 raising the age limit for aid to dependent children from 16 to 18 years; (3) Organization of a family consultation bureau in San Francisco; (4) The taking over by the city on a temporary experimental basis of the full financial obligation for half-orphan aid cases; (5) Inclusion of private agency representatives on the San Francisco Coordinating Council; (6) Provision for a full-time psychologist and a full-time probation officer with psychiatric training at the juvenile court; (7) Construction of wards for convalescent tuberculous children at the Hassler Health Farm; (8) A study of desertion cases with respect to financial aid to the child; (9) Provision for additional doctors and school nurses to make more effective the physical examination and follow-up of school children; (10) Employment by the Department of Public Health of a technician to carry on audiometer tests; (11) Establishment of a clearance bureau for child placement and the development of procedures which will bring the need for this bureau to a close.

Union of South Africa revises laws for protection of children

The Children's Act, 1937, which came into force in the Union of South Africa on May 18, 1937, is described by Major S. Maynard Page, Chief Magistrate, Johannesburg, writing in *Kindersorg* for July 1937. The new measure reenacts with modifications the provisions of the Children's Protection Act, 1913, the Adoption of Children Act, 1923, and various amendments to these acts, and also amends provisions of the Criminal Procedure Act, 1917, relating to the trial of juveniles for criminal offenses.

The new provisions are discussed in detail by Major Page, who states that the most important aspect of the new act is its wider sphere of application through redefinition of the term "child" as meaning a person under 19 years of age instead of under 16. *The Children's Act, 1937, Kindersorg, vol. 16, no. 2, pp. 1-6 (South Africa National Council for Child Welfare, Capetown).*

BOOK AND PERIODICAL NOTES

(Socially Handicapped Children)

THE BACKWARD CHILD, by Cyril Burt, D.Sc. D. Appleton-Century Co., New York, 1937. 694 pp. $5.

The author of The Young Delinquent in this volume continues his study of various forms of subnormality among children of school age. In this volume the author has amassed material representing current thinking, research, and methods of treatment relating to children who are mentally subnormal--the backward and the dull. After discussing the classification of backward children, the discovery and investigation of backward cases, and the definition and frequency of educational retardation, Dr. Burt considers in detail various causes of physical conditions, sensory defects, motor defects, left-handedness, defects of speech, intellectual factors, and defects of temperament and character. The concluding chapter contains practical suggestions for the treatment of educationally backward children, through segregation, special measures--including psychological and medical attention--and various teaching methods.

The emphasis throughout is on the psychological study of the individual child: "Every case is unique; and there can be no sure method of treatment without a thorough investigation of each backward pupil."

CHILD-WELFARE CASE RECORDS, edited by Wilma Walker. University of Chicago Press, Chicago, 1937. 584 pp. Price, $3.

Planned for the use of teachers, this volume contains 18 case records selected from the files of agencies dealing with dependent children on the basis of their usefulness in the School of Social Service Administration, University of Chicago. It is stated that in editing them for publication anonymity of the records was protected. No attempt was made to interpret the case work in the records. The records are grouped by type of problems presented: children supervised in the homes of their parents by the children's agency; children kept in their homes with the help of a visiting housekeeper; dependent children needing foster-home care; and children placed in foster homes because of special problems.

THE INTERRELATIONSHIP BETWEEN ILLEGITIMACY AND ADOPTION, by Agnes K. Hanna. *Bulletin*, Child Welfare League of America (130 East 22d St., New York), vol. 16, no. 6 (September 1937), pp. 1, 4-6.

In this paper, presented at the meeting of the Child Welfare League in Indianapolis in May 1937, Miss Hanna reported some of the findings of a study of adoption records that the Children's Bureau has been making in nine widely distributed States. Adoption rates in these States varied from 2 to 10 children per 10,000 children under 10 years of age. The proportion of urban population in the State apparently affected the extent to which adoption was used, since rates of 2 or 3 were found in the three States that had less than 30 percent urban population. Furthermore, the records of individual areas within a State almost invariably showed higher rates in the more populated areas.

It was found that about 60 percent of the children whose adoption records were studied were born out of wedlock. Among children adopted by persons other than relatives nearly three-fourths were of illegitimate birth.

VISITING HOUSEKEEPER SERVICES IN NEW YORK CITY. Welfare Council of New York City, New York, April 1937. 26 pp. Mimeographed.

This report was compiled by Mary C. Jarrett for use of the Subcommittee on Housekeeping Service of the Coordinating Committee on Unemployment of the Welfare Council of New York City. It describes the visiting-housekeeper services provided by three private and three public organizations in New York City, and also summarizes the history of visiting-housekeeper services outside New York City.

The three private services in New York City employed some 50 visiting housekeepers in 1935 and served 300 families with more than 1,000 children. The three public services under the Works Progress Administration in cooperation with various organizations employed 1,400 housekeepers at the time the present report was prepared, and served 5,000 families in the course of a year. The training and supervision of the housekeepers varies with the agency employing them. Brief reports of each of the six housekeeper services in New York City are given in the appendix.

THE NURSE IN THE PREVENTION OF DELINQUENCY, by Glee L. Hastings. *Public Health Nursing*, vol. 29, no. 9 (September 1937), pp. 512-516.

The author is mental-hygiene consultant for the Henry Street Visiting Nurse Service in New York. She points out that the nurse is often the first trained professional worker who has opportunity to note signs of undesirable behavior on the part of very young children; that the nurse has contacts with many adolescent boys; and that the nurse knows and uses neighborhood and community resources which are especially helpful in working out the problems of boys.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

GENERAL CHILD WELFARE

NEWS AND READING NOTES

American Legion Child-Welfare Conference held

The Child-Welfare Conference of the American Legion was held in New York City on September 19, 1937, preceding the opening of the Nineteenth Annual National Convention of the American Legion, September 20-23. Four child-welfare meetings were held during the conference. The Report of the National Child Welfare Committee and Division, embodying the reports of the numerous subcommittees, was presented in printed form (56 pp.).

New monthly on Negro education appears

The first issue of the *National Educational Outlook Among Negroes* states that this monthly magazine will be devoted to the advancement of education among Negroes. It will contain items of interest to school officials and teachers on all educational levels, and to students, and will serve as a medium of expression for those who have suggestions for the solution of educational problems. Contributions are solicited concerning educational activities among Negroes. *Vol. 1, no. 1, September 1937, National Education Press, 1210 Lamont St., NW., Washington, D.C.*

Bibliography on leisure-time programs issued by N.E.A.

An annotated bibliography, References on Leisure Education, compiled by Elaine Exton and dated September 1937 is available from the American Association of School Administrators, a Department of the National Education Association (1201 Sixteenth St., NW., Washington, D.C.; 64 pp. Mimeographed, 25 cents). This covers material published during the past 10 years, and is intended for the use of school administrators, principals, teachers, schoolboards, college faculties, recreation leaders, parents, and young persons in or out of school. The titles listed include books on the philosophy of the new leisure and modern trends in recreation, studies and surveys of leisure-time activities and interests of young people and of leisure-time facilities, and texts for use in courses of study and leisure-time programs.

Picture Scripts announces new titles

Picture Scripts, published by a group of teachers in Lincoln School, Teachers College, Columbia University, now number 25 items. These consist of simple stories based on children's interests, suitably illustrated and printed. Many of the subjects included are such as to aid in orienting the young child in the world he lives in. The World is Round, announced as the first of a series of Picture Scripts based on science materials, uses physics, astronomy, geography, and history to tell its story, but with its illustrations it is intended to appeal to children as young as 5 or 6.

Association for Childhood Education lists books for children

A Bibliography of Books for Young Children has been published by the Association for Childhood Education (1201 Sixteenth St., NW., Washington, 1937. 66 pp. 50 cents). Each entry gives a line of description and indicates whether the book is suitable for nursery school, kindergarten, first, second, or third-grade children. The items are grouped by subject, with animals children of other lands, and science predominating. Both title and publishers' indexes are included.

BOOK AND PERIODICAL NOTES
(General Child Welfare)

HOME PLAY AND PLAY EQUIPMENT FOR THE PRESCHOOL CHILD. Children's Bureau Publication No. 238. Washington, 1937. 20 pp.

The importance of play as the child's way of learning is stressed in this pamphlet, which describes the value of playing alone, playing with other children, parties and Christmas, imitative play, pretending, and play that trains the senses. Practical directions are given for making satisfactory toys for young children. Various types of outdoor play equipment are described with illustrations and directions for construction.

RURAL TRENDS IN DEPRESSION YEARS; a survey of village-centered agricultural communities, 1930-36, by Edmund de S. Brunner and Irving Lorge. Columbia University Press, New York, 1937. 387pp. $3.25.

This sociological report describes the changes in rural and social life in the United States between 1930 and 1936. It contains the third survey of 140 agricultural villages, defined as incorporated centers of more than 250 and less than 2,500 population, situated in the midst of a farming area for whose inhabitants they supply the usual commercial and social services. The first survey was published in 1927, the second in 1933.

The tide of migration from city to country, 1930-35, is shown to have resulted in an increase in the number of farms in all but two States, the increase amounting to more than 30 percent in five States. Meanwhile the average value per farm for the United States as a whole, which had been $10,284 in 1920, and $7,614 in 1930, was sliding down to $4,823 in 1935, and the net income of farmers was falling even more precipitously---from 1929 to 1933 the drop was from 6.74 to 2.89 billions (57 percent) for the country as a whole.

The authors noted various signs recognized by social scientists as possible indications of readiness to move in new directions. To determine what direction "involves building a program for the conservation and utilization of our resources, both natural and human. If the latter is not achieved, the former cannot be."

The authors amplify this statement as follows:

> Any program for the melioration of agricultural villages and their surrounding communities must consider the education of youth, and the rehabilitation of adults for the services that such melioration requires. That means that teachers, conscious of the social and economic problems, who know not only how to do, but also how to teach, are needed as never before in rural areas. Such teachers, after a decade of service in the communities, may do much to mitigate the effects of change in the rural areas.

FAMILY AND PARENT EDUCATION IN RURAL AMERICA. *Parent Education* (National Council of Parent Education), vol. 3, no. 3 (December 1936). 94 pp.

This issue of *Parent Education* contains two articles on rural family life. Education for Family Living in Rural America is a survey and evaluation based on material supplied by a number of persons and agencies. It shows that "under public administration and with more or less support from the Federal Government, intensive forms of education for family life and parenthood are found in rural areas within nursery schools, within programs of general, literacy, and homemaking education for adults, and within welfare, health, and rehabilitation programs, as well as within programs specifically designated as family and parent education." Rural Youth and Education for Family Life is concerned with the situations and the prospects of farm youth, of whom it is estimated there are about 6,000,000 in the United States.

THE ARTS WORKSHOP OF RURAL AMERICA; a study of the rural-arts program of the Agricultural Extension Service, by Marjorie Patten. Columbia University Press, New York, 1937. 202 pp. $1.50.

Rural communities in a number of States where the rural-arts program of the Agricultural Extension Service is well developed were visited in the course of gathering material for this book. A few States in which the State university is responsible for the program were included. The leisure-time programs described have followed the interests and needs of local farm groups and illustrate a wide variety of activities. They include drama, music, dancing, handicraft, and discussion of farm problems. The rapid growth of the program during postwar years is pointed out.

DEVELOPMENT OF A LEISURE-TIME PROGRAM IN SMALL CITIES AND TOWNS, by Ella Gardner. Children's Bureau Publication No. 241. Washington, 1937. 13 pp.

A method of initiating a community program for leisure-time activities is outlined in this pamphlet. The process is carried through the planning and conducting of a survey meeting to the launching of the program decided upon. Standards for playgrounds and for other recreation facilities are given, and references for further reading are listed.

YOUTH-SERVING ORGANIZATIONS; national nongovernmental associations, by M.M. Chambers. American Council on Education, Washington, 1937. 327 pp. Mimeographed. $1.50.

This is a preliminary report to the American Youth Commission of the American Council on Education in the form of an introductory survey and descriptive directory of national nongovernmental associations working with youth. Any evaluation of the purposes or practices of the organizations listed is stated to be outside the scope of the report, which merely gives brief descriptions of the various organizations largely in the words of their own officers or literature. The aim is to provide a convenient catalog or composite picture of some hundreds of national organizations working with youth in various ways. There is an alphabetical index to organizations and officials.

THE HOUSE TRAILER; its effect on State and Local Government. Report No. 115. American Municipal Association, 850 East 58th St., Chicago, 1937. 57 pp.

This report is a revision of Report No. 114, which was prepared by the American Municipal Association in cooperation with the American Public Welfare Association, American Society of Planning Officials, and the National Association of Housing Officials. It contains samples of State health legislation, a report of the National Safety Council dealing with safety problems and recommending uniform regulations, and a suggested county ordinance. The revised report deals in detail with the problem of taxation, and discusses the social advantages and disadvantages of trailer housing more fully than did the previous edition. It is pointed out that for seasonal workers trailers may have advantages over other types of camps, and that trailer camps for seasonal workers are already in operation in California on an experimental basis.

SOCIAL PROBLEMS AND SOCIAL WELFARE, by Walter G. Beach and Edward E. Walker. Charles Scribner's Sons, New York, 1937. 431 pp. $2.

Social change is the underlying theme of this textbook dealing with current social and economic questions. One section discusses problems of health, the family, and child welfare under changing conditions. This includes a brief résumé of the extent and nature of the child-labor problem in the United States and of attempts to control child labor through State legislation and the NRA. Problems of poverty, dependency, and crime are also discussed.

OF CURRENT INTEREST

ON THE AIR

Radio programs by General Federation of Women's Clubs

The "education for living" broadcasts by the General Federation of Women's Clubs will be given throughout the season on the third Thursday of each month from 4:30 to 5 p.m., Eastern standard time, beginning on October 21. The programs will be broadcast over the blue network of the National Broadcasting Company.

1937-38 Parent-Teacher Radio Forum opens

The National Congress of Parents and Teachers announces the opening on October 13 of the 1937-38 Parent-Teacher Radio Forum. The programs will be given on the blue network of the National Broadcasting Company Wednesday afternoons from 4:30 to 5 p.m., Eastern standard time, and will continue until April 13, 1938. The general theme, Youth in a Modern Community, will be developed through four groups of programs centering around preparation for school, the contribution of the home, problems of adolescence, and arts of leisure.

Radio programs on juvenile delinquency

The treatment and prevention of juvenile delinquency is the subject of a series of weekly programs broadcast by the Mutual Broadcasting Company from Baltimore, Md., on Tuesdays beginning October 19 at 7:45 p.m., Eastern standard time. The schedule of speakers includes Katharine F. Lenroot, Chief of the Children's Bureau, Elsa Castendyck, Director of the Delinquency Division, and other members of the Children's Bureau staff. The home, the school, and community agencies will be discussed as factors in the prevention of delinquency, and both mental and physical aspects of the problem will be considered. The series is a part of the Baltimore Crime Clinic sponsored by Samuel G. Kling.

NEW NATIONAL FOUNDATION FOR INFANTILE PARALYSIS

President Roosevelt has announced the formation of a new national foundation to head up all phases of the fight against poliomyelitis. The President's statement issued September 23, 1937, is quoted in part below:

> I have been very much concerned over the epidemics of infantile paralysis which have been prevalent in many cities in different parts of the country. I have had reports from many areas in which this disease is again spreading its destruction. And once again there is brought forcibly to my mind the constantly increasing accumulation of ruined lives -- which must continue unless this disease can be brought under control and its aftereffects properly treated.
>
> My own personal experience in the work that we have been doing at the Georgia Warm Springs Foundation for over 10 years, leads me to the very definite conclusion that the best results in attempting to eradicate this disease cannot be secured by approaching the problem through any single one of its aspects, whether that be preventive studies in the laboratory, emergency work during epidemics, or after treatment. For over 10 years at the Foundation at Warm Springs, Ga., we have devoted our effort almost entirely to the study of improved treatment of the aftereffects of the illness. During these years other agencies, which we have from time to time assisted, have devoted their energies to other phases of the fight. I firmly believe that the time has now arrived when the whole attack on this plague should be led and directed, though not controlled, by one national body. And it is for this purpose that a new national foundation for infantile paralysis is being created.
>
> As I have said, the general purpose of the new foundation will be to lead, direct, and unify the fight on every phase of this sickness. It will make every effort to ensure that every responsible research agency in this country is adequately financed to carry on investigations into the cause of infantile paralysis and the methods by which it may be prevented. It will endeavor to eliminate much of the needless aftereffect of this disease -- wreckage caused by the failure to make early and accurate diagnosis of its presence. We all know that improper care during the acute stage of the disease, and the use of antiquated treatment, or downright neglect of any treatment, are the cause of thousands of crippled, twisted, powerless bodies now. Much can be done along these lines right now. The new foundation will carry on a broad-gauged educational campaign, prepared under expert medical supervision, and this will be placed within the reach of the doctors and the hospitals of the country. The practicing physician is in reality the front-line fighter of the sickness, and there is much existing valuable knowledge that should be disseminated to him.
>
> And then there is also the tremendous problem as to what is to be done with those hundreds of thousands already ruined by the aftereffects of this affliction. To investigate, to study, to develop every medical possibility of enabling those so afflicted to become economically independent in their local communities will be one of the chief aims of the new foundation.

The personnel of the foundation will be announced later.

Edgar F. Allen, founder of the International Society for Crippled Children, died in Elyria, Ohio, on September 20. His efforts on behalf of crippled children, which earned him the affectionate title of "Daddy" Allen, gave impetus to a movement through which crippled children's societies have been established in most of the States of the United States and in many foreign countries.

NEWS NOTES

Child Study Association activities announced

Study groups and courses announced by the Child Study Association of America (221 West 57th St., New York) for the season of 1937-38 cover: Introduction to Parenthood (problems of the prenatal period and the first 6 months); Early Childhood; Two to Six; Six to Twelve; Adolescence; Parents and Children; Fundamentals in Parent Education; Home Guidance of the School Child; The Family and Changing Community Patterns; and Student-Leaders Training. Some courses begin October 25 and a few begin later in the season.

A Children's Book Exhibit will open on November 30 and continue until Christmas at the headquarters of the Association. The annual meeting of the Association on November 15 and several special meetings are also announced.

Regional conferences on parent education

A series of 14 regional round-table conferences for professional workers has been announced by the National Council of Parent Education. Each conference will review and evaluate local programs of family and parent education, particularly those that have been administered experimentally; and will explore possible and desirable future developments in the light of educational and social trends. The schedule is as follows:

October
20 Nashville, Tenn.
25 St. Louis, Mo.
27 Harrisburg, Pa.
28 Boston, Mass.

November
22 Detroit, Mich.
24 Ithaca, N.Y.
29 Minneapolis, Minn.

December
1 Chicago, Ill.
3 Denver, Colo.
6 Oakland, Calif.
13 Los Angeles, Calif.
16 Dallas, Tex.

January
27 New York, N.Y.
28 Washington, D.C.

Further information can be secured from the National Council of Parent Education, 60 East 42d St., New York.

Resignation of Assistant Secretary of Labor

Edward F. McGrady, Assistant Secretary of Labor, resigned in September 1937 in order to accept a post as Labor Relations Director of the Radio Corporation of America. The Secretary of Labor and 40 officials of the Department of Labor held a dinner in Mr. McGrady's honor on September 30.

CONFERENCE CALENDAR

Nov. 7-13	American Education Week. General theme: Education and our national life. Information: National Education Association, Washington, D.C.
Nov. 15	Child Study Association of America. Annual meeting, 221 West 57th St., New York.
Nov. 28	Southern Medical Association. New Orleans, La.
Dec. 3	Children's Museums Section of the American Association of Museums. Midwinter conference, Waldorf-Astoria Hotel, New York. Information: Brooklyn Children's Museum, Brooklyn, N.Y.
Dec. 4	Society for Research in Child Development. Fourth regional meeting, Babies' Hospital, New York. Information: National Research Council, Washington, D.C.
Dec. 10-12	American Public Welfare Association. Second annual round-table conference, Wardman Park Hotel, Washington, D.C. Special meetings for State and local administrators and board members on Dec. 10. Information: A.P.W.A., 850 East 58th St., Chicago, Ill.

Published under authority of Public Resolution No. 57 approved May 11, 1922 (42 Stat. 541) as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936

U S GOVERNMENT PRINTING OFFICE 1937

THE Child

Monthly News Summary

NOVEMBER
1937

Volume 2
Number 5

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD Monthly News Summary

Volume 2 November 1937 Number 5

CONTENTS

PAGE

SOCIAL-SECURITY PROGRAM FOR CHILDREN

The Crippling Effects of Anterior Poliomyelitis: A Preventive Program, by Dorothy Cobb Adams, M.D. 95
----To the Glacier's Edge 99

MATERNAL, INFANT, AND CHILD HEALTH

Maternity Care: The Human Side, by Hazel Corbin 102
News and Reading Notes 103
  FINLAND PROVIDES MATERNITY BENEFITS
  DIABETES IN PREGNANCY AND CHILDHOOD
Book and Periodical Notes 104
  A. MATERNAL AND INFANT MORTALITY
  B. NUTRITION
  C. PUBLIC-HEALTH ADMINISTRATION AND EDUCATION

CHILD LABOR

The Fourth National Conference on Labor Legislation 108
Legislative Notes 109
  WISCONSIN CHILD-LABOR LAW STRENGTHENED
  MINIMUM WAGE SET FOR DISTRICT OF COLUMBIA RETAIL TRADE
  CHILD LABOR REGULATED BY NEW ORDINANCE IN TRINIDAD AND TOBAGO
Book and Periodical Notes 110

SOCIALLY HANDICAPPED CHILDREN

News Notes 112
  VISITING-HOUSEKEEPER SERVICES DISCUSSED IN CONFERENCE
  MINIMUM MARRIAGE AGE FIXED IN FRENCH POSSESSIONS IN INDIA
Book and Periodical Notes 112

GENERAL CHILD WELFARE

Book and Periodical Notes 114

OF CURRENT INTEREST

Announcements 115
On the Air 115
Conference on Better Care for Mothers and Babies 116
Conference Calendar 116

For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

CHILDREN'S BUREAU
KATHARINE F. LENROOT, Chief

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 5 November 1937

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

THE CRIPPLING EFFECTS OF ANTERIOR POLIOMYELITIS: A PREVENTIVE PROGRAM

By Dorothy Cobb Adams, M.D.,
Assistant Medical Officer, Children's Bureau

Since its first reported epidemic appearance in this country, in Vermont in 1894, anterior poliomyelitis has rapidly become a major cause of crippling. This disease alone is now responsible for roughly one-fifth to one-quarter of the cases of crippled children in the United States. In any tabulation by cause of cases of crippling in children anterior poliomyelitis approximates the other leading cause, congenital defect, and exceeds appreciably the next in order, birth injury. Osteomyelitis and tuberculosis are other infections responsible for a considerable amount of crippling, yet cases of crippling from these two infections, taken together, amount to only about half the number from anterior poliomyelitis.

Little is known at present about means of preventing congenital defects. The prevention of birth injuries is largely a problem of improvement in maternal care. Progress is necessarily slow over a period of years in any preventive program aimed at the crippling effects of such uniformly prevalent chronic infections as tuberculosis and osteomyelitis.

By contrast, anterior poliomyelitis is an acute infectious disease, strikingly seasonal; its spread during an epidemic can be controlled to some degree by restriction of contacts, and its serious aftereffects—partly or completely paralyzed muscles—are subject to either cure or limitation, if proper and adequate orthopedic treatment and care are instituted immediately following an early diagnosis.

It is evident, therefore, that the program of crippled children's services under the Social Security Act, aimed as it is at decreasing the number of crippled individuals incapable of self-support, has its major opportunity along preventive lines in providing active assistance to State programs for the adequate diagnosis and prompt effective care of all cases of anterior poliomyelitis among children. By agreement with the States these cases are reported to the United States Public Health Service, which is interested in studying the epidemiology of this disease, and in making laboratory studies in an attempt to determine its cause and the efficacy of various preventive measures.

The Children's Bureau has been able to provide financial assistance in order that State programs may take the fullest possible advantage of the most up-to-date methods of treatment in the early stages of the disease, to diminish as far as possible its incapacitating aftereffects. This assistance is granted to individual States according to their special needs and their ability to match the funds available.

Dr. Arthur T. Legg of Boston has reported[1] the results of prompt and adequate muscle training begun in the third or convalescent stage of the disease. Of 6,127 individual muscles affected to some degree 62 percent had become normal after 2 years of treatment; the remaining 38 percent had shown improvement in varying degree. Dr. Legg makes the following points: It is important to avoid active muscle training during the acute first stage and before the sensitiveness characteristic of the second stage has disappeared. Complete rest with adequate support is essential prior to the convalescent stage to obtain the best results from muscle training. Early and continued expert supervision is of paramount importance since much harm may be done by premature, overzealous physical therapy.

---

[1] Mock's Principles and Practice of Physical Therapy. 1932. Volume 2, chapter 8, Physical Therapy in Infantile Paralysis.

Social-Security Program

Through the distribution by the Secretary of Labor of a reserve fund on the basis of actual or anticipated need to meet an unusual burden of poliomyelitis situations, the Children's Bureau is assisting in the support of supplemental programs in a number of States able to provide matching funds. For instance, a special allotment to Oklahoma from the reserve fund has enabled that State to provide additional convalescent care, appliances, transportation of children, an additional field nurse and clerk, and the necessary orthopedic and medical supervision for its recent poliomyelitis cases. These extra services are in addition to those of two physical therapists already provided for in the annual plan for the fiscal year 1938. One of these is attached to each of the special public schools for crippled children, in Oklahoma City and in Tulsa. The duties of these physical therapists include work with children in hospital, boarding home, and home.

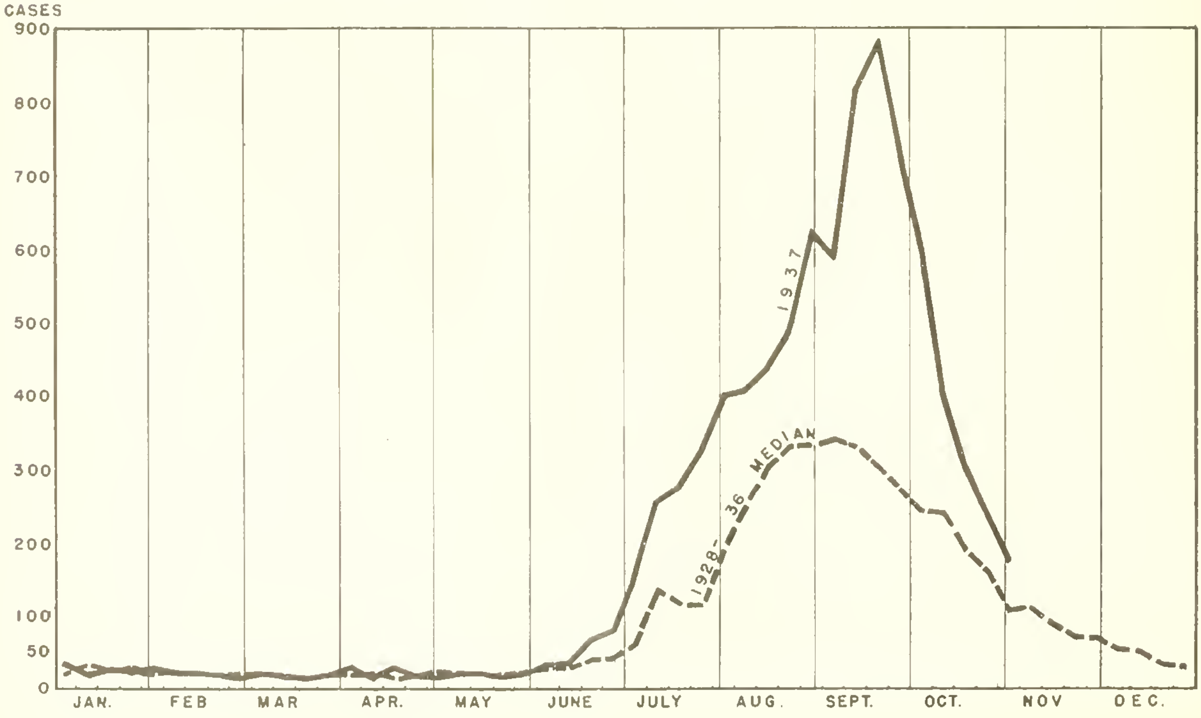
The social-security program for crippled children administered by the Children's Bureau provides assistance to States in caring for crippled children under 21 years of age. In considering the incidence of poliomyelitis in this connection it is important to note that according to various reports roughly 90 percent of the cases occur in individuals under 21 years of age.

1937 Incidence

The weekly incidence of poliomyelitis cases reported to the United States Public Health Service for the first 10 months of 1937 is compared with the median for the preceding 9 years (chart 1). It is seen that the 1937 weekly totals for

CHART I

POLIOMYELITIS IN THE UNITED STATES
CASES REPORTED TO THE UNITED STATES PUBLIC HEALTH SERVICE
MEDIAN WEEKLY INCIDENCE 1928-36 AND WEEKLY INCIDENCE JAN. 1 TO OCT. 30, 1937



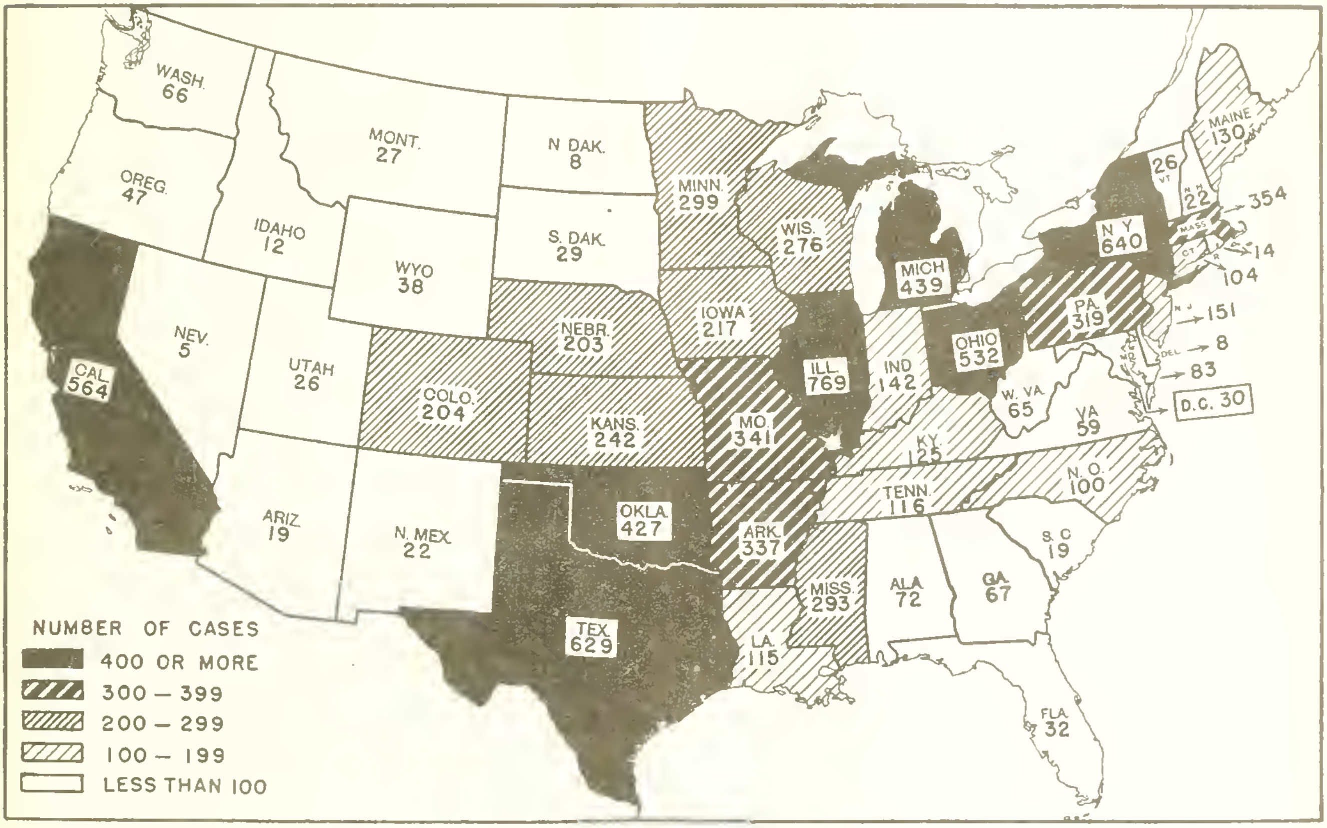
the country as a whole were well above the median weekly figures by the middle of July.[2]

The total number of cases reported to the Public Health Service through October 30, 1937, is shown for each State on the accompanying map.

As early as mid-August 1937 the number of reported cases of poliomyelitis exceeded the median annual total for the past 9 years in 16 States: Arkansas, Louisiana, Texas, and Oklahoma (the entire West South Central region); Missouri, Kansas, and Nebraska (the southern part of the West North Central region); Wyoming and New Mexico (Mountain region); Mississippi, Tennessee, and Kentucky (all but one of the East South Central States); Florida, Georgia, and North Carolina (South Atlantic region); and Indiana (East North Central region).

In four States (Arkansas, Texas, Oklahoma, and Colorado) the number of cases in the first 9 months of 1937 exceeded the total number of cases in any previous complete calendar year. Arkansas had reported 300 cases against a previous maximum of 80 (1930); Texas, 537 against a previous maximum of 266 (1927); Oklahoma (see chart 2), 376 against a previous maximum of 158 (1930); and Colorado, 300 against a previous maximum of 76 (1928 and 1930). The totals in several other adjoining States, especially Missouri and Mississippi, were then so nearly equal to the previous maximum that there is no doubt the number of cases reported will be greater this year than ever before in three or four additional States.

NUMBER OF POLIOMYELITIS CASES IN THE UNITED STATES
JANUARY 1 TO OCTOBER 30, 1937[1]


WASH. 66
OREG. 47
CAL. 564
IDAHO 12
NEV. 5
MONT. 27
WYO 38
UTAH 26
ARIZ. 19
N. MEX. 22
COLO. 204
N. DAK. 8
S. DAK. 29
NEBR. 203
KANS. 242
OKLA. 427
TEX. 629
MINN. 299
IOWA 217
MO. 341
ARK. 337
LA. 115
WIS. 276
ILL. 769
MICH 439
IND 142
OHIO 532
KY. 125
TENN. 116
MISS. 293
ALA 72
GA. 67
FLA. 32
S. C 19
N. C. 100
VA 59
W. VA 65
PA. 319
N. Y. 640
VT 26
N. H. 22
MAINE 130
MASS 354
R. I. 14
CT 104
N. J. 151
DEL 8
MD. 83
D. C. 30
NUMBER OF CASES
▩ 400 OR MORE
▨ 300 — 399
▨ 200 — 299
▨ 100 — 199
☐ LESS THAN 100

[1] CASES REPORTED TO U. S. PUBLIC HEALTH SERVICE (TOTAL 8,864)

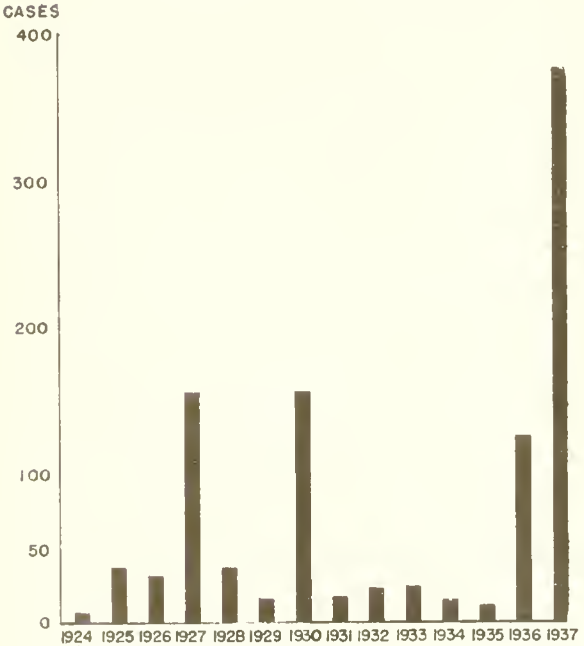
However, in making any comparison with previous years' records it must be borne in mind that reporting in general has improved, and more especially that only in the past few years have the so-called "abortive," or nonparalytic cases, been included in the official reports. Since local studies in some instances have shown a high ratio of abortive to paralytic cases, it is evident that the recent inclusion of abortive cases makes any comparison of records over a period of years difficult and possibly misleading. The United States Public Health Service is making an effort to have only paralytic cases reported, or to have the total number of cases classified into nonparalytic and paralytic, so that comparisons between years and between regions will be more significant.

---

[2] The statistics presented in this paper are based on published and unpublished data of cases reported to the United States Public Health Service. Reports have been received from all States without exception 1930-37; seven States failed to report in 1928, and six in 1929.

CHART 2

POLIOMYELITIS IN OKLAHOMA
CASES REPORTED TO
THE UNITED STATES PUBLIC HEALTH SERVICE
ANNUAL TOTALS 1924-36 INCLUSIVE[1]
1937 TOTAL THROUGH SEPTEMBER



[1] 1924 and 1929 figures from reports of Oklahoma State Department of Health.

Nevertheless, the figures given above of 300 cases in both Arkansas and Colorado, against previous maximum annual totals of 80 and 76, respectively, supported as they are by similar figures for neighboring States, indicate an actual significant increase of the disease in this region. The present indication is that this year's experience will alter to an appreciable extent the localization among States of the case load, as compared with that of the past 7 years.

Geographic Distribution of the Case Load

The distribution of the case load among the States, based on the records of cases reported to the Public Health Service from all the States for the past 7 years (1930-36), shows that no one of the four States where this year's cases exceed previous maximum records has heretofore had more than 1 percent of the total case load for the country: Arkansas, 0.43 percent; Texas, 1.0 percent; Oklahoma, 0.67 percent; Colorado, 0.31 percent. Because this year's exceptional incidence found these States unprepared, special supplemental programs have become necessary. In States accustomed to a larger proportion of the cases personnel and machinery for meeting epidemic conditions are more readily available; they are in fact a part of the regular program covered more or less adequately by the annual plan for services for crippled children.

Although the seasonal peak of poliomyelitis cases had apparently been reached for the country as a whole before the end of September, five States continued to show a steady increase through September. These five States, Kansas, Michigan, Minnesota, New Jersey, and Pennsylvania, illustrate the later seasonal incidence of poliomyelitis in the northern States.

---- TO THE GLACIER'S EDGE

Ed. Note.--With the approval of a plan for child-welfare services on October 16, 1937, Alaska became the most recent participator in all three plans for social-security services administered by the Children's Bureau. In the course of working out plans that would satisfy the requirements of the Social Security Act and at the same time meet the very special needs and conditions of Alaska, members of the Children's Bureau staff have traveled rather extensively in Alaska and have brought back photographs and comments that may be of interest.

"Rural" is a mild term to describe Alaska. The Territorial plan for maternal and child-health services states that Alaska has some 62,000 inhabitants, of whom about half are white and half are Indian, in an area of 586,400 square miles. There are 17 incorporated towns. Juneau, the capital, is the largest, with a population of 4,043 according to the 1930 census.

THE MAIN STREET OF JUNEAU

There is no local government corresponding to that in the States. The Governor and Secretary are appointed by the President of the United States. Members of the Territorial bicameral legislature are elected by the people. There are four judicial districts, each with a judge, a marshal, and a district attorney appointed by the President. Each judge appoints United States commissioners for his district. The commissioners, of whom there are 60, act as justices of the peace, probate judges, coroners, and recorders.

Geographically, Alaska is varied, from the fiord-like strip of wooded coast and islands of the southeastern part with its comparatively mild climate, to the Aleutian Peninsula and Islands, barren and volcanic, stretching farther west than Hawaii, and to the great mountain ranges with their glaciers and the comparatively flat tundra regions of the Seward Peninsula and the Arctic Coast.

SEACOAST AND MOUNTAIN

Fishing and mining are the leading industries, but trapping and hunting, lumbering, agriculture, and the tourist trade are also important.

The Office of Indian Affairs maintains a medical service in Alaska, but its activities have been concerned almost entirely with curative medicine. In building up a preventive program based on public-health activities, therefore, the Maternal and Child-Health Division established in the Territorial Health Department had to build even the foundations.

AN ALASKAN FISHING FLEET

Health centers now have been established in Wrangell, Anchorage, and Juneau. For reaching the more remote communities, however, the itinerant type of nursing service is proving most practical.

Child-Health Services

Child-health conferences were held last year under the maternal and child-health plan in 10 communities of southeastern Alaska on a semiannual basis. The 1938 plan provides for the extension of these conferences into other communities. In connection with these conferences, preschool and school children are immunized against diphtheria, and tuberculin testing is done. Health examinations for school children in districts where there is no local physician are also provided by the Maternal and Child-Health Division.

Indian Children at Ketchikan School

Tuberculosis has been considered the great problem among school children in Alaska. Recent investigations indicate that syphilis also may be a serious problem. Pathological conditions of the eye are also frequently found.

The prevalence of dental decay was noted, especially among Indians living under "civilized" conditions in the towns of southeastern Alaska. Dr. Williams of the Juneau clinic stated, however, that he had found relatively little dental caries among Indians in the remoter areas, where the diet is more primitive.

Nursing supervision for infant and preschool children is given by the local nurse, who refers children in need of medical care to the local physician. In visiting Alaskan homes, nurses may have to go "up" and "down" the street quite literally by long flights of wooden steps.

Maternal Care

Practically all the white mothers in Alaska are delivered in hospitals, even if they must travel a day or longer to reach one. Obstetrical care for Indians in the immediate vicinity of Juneau and Douglas is provided by the hospital in Juneau, which accepts nonresidents also. In Wrangell most deliveries take place in the hospital, the Office of Indian Affairs paying for the Indians. Home deliveries are done by the Indian nurse in Wrangell, and in Petersburg also when the nurse is in town.

In the interior of Alaska deliveries are done by midwives for the most part, with some supervision by the nurses. In some areas where normal cases are delivered by midwives, contracts are made with local doctors for the care of primiparal and complicated cases. Where there are no nurses, the local teachers in some instances are held responsible for supervision of the midwives in regard to the application of silver nitrate.

The maternal and child-health plan calls for prenatal conferences to be held in cooperation with the nurses of the Office of Indian Affairs in places where there is no physician. Prenatal clinics were held twice last year in six communities in southeastern Alaska, and new areas are to be reached this year.

The 1938 plan of the Maternal and Child-Health Division provides for a well-rounded demonstration service in the Juneau-Douglas area, with the organization of a full-time public health nursing service emphasizing the maternal and child-health program. A permanent health center will be equipped to serve as a training center for field nurses of the Territorial Department of Health, and will provide a concentrated service through the coordination of the services of the field nurse, the Office of Indian Affairs nurse, and the school nurse. Its activities will be linked closely with those of the health officer and the family physician.

A Street of Steps

Services for Crippled Children

The problem of offering services for crippled children in Alaska is complicated by the difficulties and expense of transportation. Land travel for the most part is over trails. There are nearly 7,500 miles of trail in Alaska, and only about 2,000 miles of road. There is only one railroad, that between Seward and Fairbanks. There are 90 air fields, but travel by plane is too expensive for the transportation of crippled children. The usual method of transportation is by boat. Whenever possible, Government boats, which do not charge for the transportation of crippled children, are used. When a commercial boat is used, it is necessary to pay transportation not only for the child but, in the case of children under 12 years, for an escort.

Crippled children in Alaska are located by sending blanks to all physicians, nurses, hospitals, health officers, teachers, United States commissioners, and presidents of voluntary organizations. These reports are returned directly to the Crippled Children's Division of the Territorial Department of Health.

It seems impossible because of the cost of transportation to assemble enough crippled children at one point to justify the holding of either permanent or itinerant diagnostic clinics. The Territorial Director of the Maternal and Child-Health Division on her regular field trips visits all crippled children who have been reported within the area, makes preliminary diagnoses, and assembles relevant information on the cases. Where there is a local doctor, applicants are referred to him for preliminary diagnosis. Frequently in isolated communities a nurse makes a provisional diagnosis. Final diagnosis is made when the patient enters the hospital for treatment.

Since there are no orthopedic hospitals in Alaska, it is usually necessary to send a crippled child to the States for treatment. Upon discharge from the hospital, the child is returned directly to his own home unless arrangements can be made for him to go to a convalescent home in the States. There is no convalescent home for crippled children in Alaska, and no provision for foster-home care for convalescent crippled children. Aftercare in the child's own home is limited to the services offered by the Territorial public-health nurse or, in the case of Indian children, by the Office of Indian Affairs nurse. With one exception these nurses at the present time are not qualified to give special orthopedic nursing. The Crippled Children's Division keeps in touch by correspondence with children returned to their homes and makes suggestions for aftercare.

Child-Welfare Services

A Department of Public Welfare was created by act of the Territorial Legislature on April 1, 1937. This act provides for a board of five members, with the Governor acting as chairman. Its duties are to administer old-age assistance, aid to dependent children and to blind persons, and such other relief measures as may be assigned to it; and to receive and expend all funds made available to the department by the Federal or the Territorial Government. (A bill before the Legislature providing for expansion of the existing Territorial provision for aid to dependent children, in order to enable Alaska to meet the requirements of the Social Security Act and to receive social-security funds for this purpose, was defeated.) This department is also responsible for general supervision of the work of the Boards of Children's Guardians. A Board of Children's Guardians exists in each district. It is responsible only for white children. The Office of Indian Affairs is responsible for dependent Indian children.

The plan for child-welfare services provides for the employment of an experienced child-welfare worker by the Department of Public Welfare. She will survey the field and help to develop programs for local and Territorial child-welfare work.

MATERNAL, INFANT, AND CHILD HEALTH

MATERNITY CARE: THE HUMAN SIDE[1]

By Hazel Corbin, General Director,
Maternity Center Association,
New York

All over this country there are now thousands of persons, and they include the medical and the nonmedical, who are interested and eager to see provided the kind of intelligent maternity care that will result in a maximum of safety and health for every mother and baby—rich and poor alike.

Safe care for any mother is care of a kind that she will seek early in pregnancy, and that will continue until after her baby is born and she is able to resume her increased responsibilities. It brings to her throughout the entire period a sense of safety and contentment that comes to any of us when we know we can have medical and hospital care of our own choosing in which we have utter confidence.

Consider the care that expectant mothers are receiving in a certain large American city where facilities compare favorably with those in any other city of the United States. In the first place more than half of these mothers receive no care at all until after the sixth month of pregnancy, and I need not recall here the percentage of mortality that takes place before the end of the first 6 months.

Three factors may be considered primary causes for this delay in seeking care: The first is ignorance; the second is lack of money; the third, a corollary of the first two, is unsatisfying services.

Ignorance is slowly being overcome, and as this occurs we find ourselves in the embarrassing position of having created a demand for something that we are not entirely able to supply.

The money problem is a grave one. Come with me as I observe a nice young woman, in moderate circumstances, going to the clinic of a voluntary hospital to apply for maternity care.

This young woman has $30 in her pocket. The clerk says, "Our price is $70. Pay the $30 now, $15 a month for the next 2 months, and $10 for the last month, and you will have paid your $70 before you are admitted." "I can't save that much money," the woman says timidly. "No reduction in price," says the clerk. The woman hesitates. "You can see the doctor and talk to him if you are not satisfied." The patient goes into the clinic and waits an hour and a half. When she finally sees the doctor she says, "I haven't enough money to pay for my confinement." The doctor looks distressed. "Please don't talk money matters with me. This must be taken care of at the front desk." The woman hurries from the clinic. She will have to go to a free institution. She has always paid her way.

Come with me now to a public hospital. Here comes that same woman. Yes, she is eligible. "Just sit over there." One o'clock. Two o'clock. Three o'clock. She is called and put up on the table. The doctor is friendly but weary. "You come back next week and we will give you a *good* examination. Bring a specimen with you. We had 120 patients here today, so we can't take them all." He pats her on the arm. She goes home. Will she go back there next week? As yet, nothing has been done for her. She has just been hurried through the business end of it. This not having money is a big problem!

Perhaps there is a doctor in the neighborhood who will not charge too much? She talks it all over with her husband. Yes, a private doctor would be best. So a day or two later we find her in the office of a doctor around the corner who does a little obstetrics now and then. He will come for $30. "No examination is necessary; do all that when you're in labor. Call me when you're in labor. You can have a visiting nurse after the baby comes."

That night this young woman and her husband once more read the bulletin sent out by the medical society, which says, "Every woman needs a complete examination early in pregnancy, regular and frequent examinations thereafter with urinalysis and blood-pressure readings, and a Wassermann test early in pregnancy to make sure the baby has the benefit of every safeguard."

Parents in such a situation do not know what to do. They could obtain the proper care if they had just a little more money. The wife feels unsettled and the husband feels unequal to the situation.

But there are other factors that may prevent women from receiving satisfactory maternity care, in addition to those that cause delay in seeking prenatal care.

---

[1] Based on a paper read at the New York Chapter of the American Statistical Association, June 15, 1937.

In many of our cities and towns expectant mothers go for medical care to prenatal clinics that are not staffed by obstetricians, are not supervised by obstetricians, and are not connected with or related to any hospital. As the day for the baby's arrival draws near, these patients find themselves with no plans for confinement. So, very late, they go to a strange doctor or a strange hospital for care, or call an ambulance. Continuity of care, an essential we all stress, is not received by the women who attend these clinics.

Last year literally hundreds of patients were delivered in their homes by ambulance surgeons, young and inexperienced, and were left to be cared for by the visiting nurse. These women received no medical care except such emergency care as the development of an abnormality required. Then the nurse either telephoned the hospital where the ambulance came from for instructions, or the ambulance came again.

More than two hundred and fifty thousand patients throughout the country, many thousands of them in our largest cities, are delivered in their homes in a year by midwives who receive little or no supervision. Most of these patients have no medical care whatsoever, no Wassermann test, no measurement of blood pressure, no urinalysis.

These conditions exist in cities where every facility should be found to care adequately for mothers at childbirth. What can we say to such an indictment? We can only admit that we have fallen down badly in planning for the safety and comfort of those who bear our next generation. If we are to diminish the needless waste of mothers' and babies' lives, we must bring order out of chaos; we must provide good care for every mother who needs it, whether or not she can pay.

NEWS AND READING NOTES

Finland provides maternity benefits

Maternity benefits are provided in Finland by a law of September 24, 1937, for Finnish citizens residing in Finland who have a taxable income, or combined taxable income of husband and wife living together, that is below a specified amount (8,000 to 10,000 marks according to locality).

The benefit consists of 450 Finnish marks—at least 2-weeks income for persons who are eligible—for each birth. The money may be used for care of the child if the mother dies before the benefit is paid.

Application for the benefit must be made within 4 months from the date of the birth to the local social-welfare board, which decides on applications and makes the payments. The commune furnishes the money and is reimbursed from the National treasury.

Women are not entitled to maternity benefits while they are serving a term in a penal or similar institution or while they are receiving poor relief in the full amount provided by law.

The Minister of Social Welfare is responsible for the proper administration of the law, which becomes effective on January 1, 1938. *Finlands Författningssamling, Helsingfors, No. 322-327. 1937.*

Diabetes in pregnancy and childhood

The spring issue of *Commonhealth* is devoted to the subject of diabetes (vol. 24, no. 2, Massachusetts Department of Public Health). It includes a group of articles by Priscilla White, M.D., that discuss Inheritance of Diabetes, Pregnancy in Diabetes, Diabetes in Childhood, and Diabetic Camps.

In her discussion of pregnancy in diabetic women, Dr. White points out that maternal mortality among diabetics exceeds that of the childbearing population at large. She reports that among 202 diabetic women scattered throughout the country 306 pregnancies resulted in 154 living children. Of these 130 occurred before the use of insulin was begun (1922) and 176 afterward. Since 1922 the percentage of pregnancies terminating in live births has risen from 53 to 60 and the percentage terminating in stillbirths has decreased from 21 to 14 percent. In the series of cases reported both living and dead babies were large, 70 percent weighing more than 8 pounds.

In regard to diabetes in childhood, Dr. White points out that the use of insulin has greatly increased the life expectancy of children. Infinite tact, patience, and understanding, she says, must be applied to the individual child and his problems in addition to a therapy which includes diet, exercise, insulin, and education. The differential diagnosis, treatment, and complications are discussed.

BOOK AND PERIODICAL NOTES

A. Maternal and Infant Mortality

MATERNAL MORTALITY IN ERIE COUNTY; report of a survey by the Maternal Mortality Survey Committee of the Erie County Medical Society, Marvin Israel, M.D., Buffalo; Chairman. Reprinted from *New York State Journal of Medicine*, vol. 37 (Sept. 1, 1937). 16 pp.

In April 1934 the Medical Society of Erie County, New York, adopted a resolution to conduct a survey of maternal mortality in Erie County and "to institute the necessary measures to make childbearing relatively safe." During 1930-34 Buffalo [the largest city in Erie County] had the highest maternal death rate (68 per 10,000 total births) among cities with more than 50,000 population in the State of New York. The resident maternal death rate for Buffalo was more than double that of Rochester in 1932 and 15.5 points higher than the recorded rate for New York City.

Because few previous maternal-mortality surveys have included information on methods of delivery in cases where the mother survived, supplemental birth information for this survey was obtained in cooperation with the Buffalo Department of Health, through the use of birth certificates showing method of delivery. The survey covered 12,747 births (12,339 live births and 408 stillbirths) registered in the city during the period June 1, 1935, to August 31, 1936. About three-fifths of the deliveries were spontaneous; one-fourth were by forceps; and the remainder were by other operative procedures, including version and extraction, Cesarean section, and breech extraction.

Major operative techniques were found to be associated with high puerperal and neonatal mortality rates. Neonatal mortality rates were found to be lowest where delivery was normal or by low forceps, and highest where there was breech or other faulty presentation.

From the data compiled no categorical statement could be made that major operative procedures cause increased maternal mortality rates. The report states, "In order adequately to determine the relation of such obstetrical methods to the death rate, a statistical study of complicating factors in a large number of unselected cases should be made."

The obstetrical-study group of the survey committee reported that one-third of the maternal deaths studied followed Cesarean section, although Cesarean sections constituted only 3 percent of all the deliveries. Puerperal sepsis was found to be the most frequent single cause of death and was responsible for 10 of the 18 deaths following Cesarean section. All deaths from toxemia were found to be due to lack of prenatal care. Sixty-six of the 126 deaths in 1935-36 followed operative deliveries. The study definitely demonstrated the need for reexamining indications for Cesarean section.

The obstetrical-study group was handicapped seriously by the lack of postmortem examinations. Although many of the deaths were under the control of the medical examiner almost no autopsies had been performed.

Incorrect causes of death were found on many death certificates that had been accepted by the authorities, and the report comments, "If the certificates continue to be filed without investigation, we can see no particular use for Department of Health records, as they do not represent the accurate state of affairs."

In connection with the survey the subcommittee on obstetrical nursing made a study of institutions in Erie County caring for maternity cases, and suggested that, through the county medical society, nurses representing all agencies giving maternity service be brought together to study such services and raise standards. Minimum standards for nursing in the complete maternity cycle were formulated.

In its report the Maternal Mortality Survey Committee recommended the formation of a permanent obstetric council of the county medical society as part of a proposed obstetric plan for the County of Erie. This obstetric council would include representatives of the obstetric staff of each hospital. It would continue work on the survey, carry on education of the public, serve as a source of authoritative information on obstetrics, and study and develop improved obstetric services for the county.

Education of the public would include information as to the need for prenatal care, danger from abortion, and danger from demanding painless childbirth at unwarranted risks.

E.P.H.

MATERNAL DEATHS--THE WAYS TO PREVENTION, by Iago Galdston, M.D. Commonwealth Fund, New York, 1937. 115 pp. Price, 50 cents (paper); 75 cents (cloth); 25 percent discount on lots of 10 or more.

This publication is designed, as is stated in the foreword by Dr. B.P. Watson, to give those who are not physicians the essential facts about maternal mortality as revealed in the study undertaken by the New York Academy of Medicine and in other similar reports, such as Maternal Mortality in 15 States (Children's Bureau, 1934) and Maternal Mortality in Philadelphia (Philadelphia County Medical Society, 1934), all three of which are mentioned as outstanding.

The author points out that "The 1,343 mothers who died in New York [1930-32] will perhaps not have died in vain if the lessons taught by their tragic and untimely deaths are given effective application in the future."

The final chapter sets forth what can be done by the public, the schools, the medical profession, the hospitals, and the health department, and through community organization to lower maternal mortality.

The Cleveland plan as an example of community organization is fully outlined in the appendix.

This book is adapted for use as a guide for study groups concerned with maternal care.

INFANT AND MATERNAL MORTALITY AMONG NEGROES, by Elizabeth C. Tandy, D. Sc. Children's Bureau Publication No. 243. Washington, 1937. 34 pp.

This report is a statistical study of the present situation and the trend of infant and maternal mortality among the Negroes. It includes some preliminary findings from the Children's Bureau study of causes of stillbirth. The material is reprinted, with the addition of some 1935 figures, from the *Journal of Negro Education* for July 1937.

B. Nutrition

THE RELATION OF NUTRITION TO HEALTH, AGRICULTURE, AND ECONOMIC POLICY; final report of the Mixed Committee of the League of Nations. Geneva, August 1937. Distributed in the United States by Columbia University Press, New York. 327 pp. Price, $2.

In its final report the Mixed Committee of the League of Nations presents "its views on the nutrition problem as a whole, in its health as well as in its economic and agricultural aspects." The Committee regrets that it has been obliged to limit its consideration to countries with a Western civilization but points out that the Health Organization has taken the first steps toward a detailed study of the nutrition problems of the Far East and that the Assembly of the League plans to call an intergovernmental conference on rural hygiene in Latin American countries at which nutrition questions will be discussed.

Part I of the report reviews briefly the activities in the field of nutrition of the organizations represented on the Committee,[1] examines the "part that nutrition has played in the increase in population and general improvement in public health and welfare during the last century," and summarizes the body of the report. Part II deals with the physiological bases of nutrition and dietary standards. Part III "deals mainly with the agricultural and economic aspects of the problem and with the evidence of malnutrition in a number of countries."

The report offers evidence to support the conclusion of the Committee that food habits and the general level of nutrition have been tending to improve gradually in Western countries, but that the movement requires conscious direction through the formulation of a comprehensive nutrition policy by individual countries and international organizations. In the first place nutrition policy must consider means of bringing essential foods within the reach of all consumers. Practices of food consumption depend primarily on the amount of real income of the family or individual and the knowledge with which that income is used in meeting food requirements. Systems of social insurance and public assistance, direct distribution of foods to the necessitous, and other measures designed to protect or to increase the purchasing power of low-income families and individuals may be expected to safeguard nutritional status. Education is most likely to be effective in improving the nutrition of those whose income will supply at least the minimum essentials of an adequate diet. All nutritional information must arouse interest in child and family health, must furnish practical help in maintaining good nutrition, and must be adapted to the habits and resources of the group to which it is addressed.

---

[1] The Health Organization, the International Labor Office, the International Institute of Agriculture, the Advisory Committee on Social Questions, and the International Committee on Intercooperative Relations.

Nutrition policy should concern itself with food supply as well as with consumption. The State and private agricultural organizations (including cooperatives) can help greatly to facilitate the orderly adaptation of agriculture to the changes in demand resulting from more widespread knowledge of nutrition and increased purchasing power. Specialists from the fields of nutrition and social economics should be consulted by each country in framing agricultural and commercial policies.

The Committee calls particular attention to the promising first meeting (in Geneva in February 1936) of representatives of the National Nutrition Committees which were organized in several countries at the suggestion of the Mixed Committee, and recommends that the League arrange for future meetings of the representatives of countries whose nutrition problems are similar.

The summary of the report concludes: "The malnutrition which exists in all countries is at once a challenge and an opportunity: a challenge to men's consciences and an opportunity to eradicate a social evil by methods which will increase economic prosperity."

M.M.H.

HUMAN NUTRITION AND DIET, by W.R. Aykroyd. Thornton Butterworth, Ltd. London, 1937. 255 pp. Price, 2s.6d. net.

As a former member of the health section of the League of Nations, Dr. Aykroyd surveyed nutrition activities in relation to public health in the United States. At present he is director of nutrition research for the Indian Research Fund Association. This small volume, written in nontechnical language for the Home University Library of Modern Knowledge, outlines the essentials of optimal nutrition and discusses the importance of recent discoveries in the science of nutrition "in relation to the whole structure of our civilization." Throughout the book there is evidence of the author's familiarity with nutritional problems and studies in all parts of the world. Chapters on the Economics of Diet, Nutrition, Agriculture and Population, and Public Health Nutrition Work show the intricate interrelationships between public health as affected by nutrition and economic and social welfare.

C. Public-Health Administration and Education

SUGGESTIONS FOR STATISTICAL REPORTING AND COST COMPUTATION IN PUBLIC HEALTH NURSING. National Organization for Public Health Nursing, New York, 1937. 16 pp. 25 cents.

This bulletin presents in much detail information frequently needed by health departments and public health nursing associations interested in complying with nationally accepted standards in statistical reporting and cost computation. The material was compiled by a subcommittee representing the records committee and the service-evaluation committee of the National Organization for Public Health Nursing and includes the most recent decisions of each of these committees.

The first section contains forms and instructions for the daily recording and monthly tabulation of different types of public health nursing service. Additional items are suggested for use in an annual report. A series of questions and answers on the "visit count" brings out concretely the problems arising in the application of the general instructions to the reporting of an actual service.

The plan for recording and tabulation conforms with the recommendations presented in 1936 by the

Committee on Records and Reports of the State and Territorial Health Officers and approved by the State and Territorial Health Officers, the United States Public Health Service, and the United States Children's Bureau. Its use will make possible the provision of the data on public health nursing service requested in reports to Federal agencies on services organized under the Social Security Act and also the provision of the data requested in the appraisal forms published by the committee on administrative practice of the American Public Health Association. This section of the bulletin supersedes the handbook on records and statistics, now out of print, which was prepared by a joint committee of the National Organization for Public Health Nursing and the Advisory Committee on Social Statistics of the United States Children's Bureau, and which was published by the Children's Bureau in 1932.

The second section of the bulletin presents recommendations as to the expenses to be included in computing the cost of a nursing visit and as to the method of counting visits in relation to cost computations. The recommendations are based on extensive study by the service-evaluation committee of the National Organization for Public Health Nursing and supersede those issued previously by the committee.

E.A.W.

NURSING SERVICES FOR MOTHERS AND CHILDREN AS PART OF A BALANCED PUBLIC HEALTH NURSING PROGRAM, by Hortense Hilbert. *American Journal of Public Health*, vol. 27, no. 9 (September 1937), pp. 875-879.

This paper was presented at a regional conference of directors of public health nursing services in State departments of health of nine northeastern States, and deals with the possibility of reconciling special health provisions with a generalized health program. Conditions of health particularly identified with pregnancy and parturition and with infancy and early childhood are shown to require a special approach, intensive consideration, and treatment. Nevertheless, the author holds that no one type of public health nursing service can be isolated and strengthened much beyond the total public health nursing service of the community.

HEALTH EDUCATION OF THE PUBLIC, by W. W. Bauer, M.D., and Thomas G. Hull, Ph.D. W. B. Saunders Co., Philadelphia, 1937. 227 pp. $2.50 net.

Health Education of the Public was prepared as a practical manual of techniques for the use of physicians, nurses, health educators, and students.

The book contains a great deal of information on the methods and materials that are being used in the field of health education and that have been found to be of practical value to the authors in their work in directing the health-education activities of the American Medical Association. Individuals engaged in the field of public-health education will be especially interested in the chapters dealing with the radio, exhibits, pamphlets, newspaper articles, motion pictures, and stereopticon slides.

In the concluding chapter the authors discuss methods used in measuring the results of health education in a community and suggest a list of criteria that are susceptible of numerical evaluation.

PHYSICAL AND HEALTH EDUCATION; a source book of teaching aids, by Frank S. Stafford. Bulletin No. 121, State Department of Public Instruction, Indianapolis, 1937. 90 pp.

Materials and services in the field of health education available not only from Indiana State departments and agencies but from Federal departments, colleges and universities, and State and national associations are summarized in this handbook. An introductory section covers legal provisions for physical and health education, objectives and content for a school health program, and minimum essentials for the boys' program. Diagrams are shown for courts and fields for many different sports.

SAFETY AND HEALTH OF THE SCHOOL CHILD; a self-survey of school conditions and activities, by James Frederick Rogers, M.D. Office of Education, Pamphlet No. 75. Washington, 1937. 29 pp.

This pamphlet outlines in question form points to be covered in conducting a survey of safety and health conditions in a school. Under physical conditions of the child, Dr. Rogers groups questions on fire protection, general housekeeping, air conditions, lighting, seating, drinking-water supply, toilets, playgrounds, and noon lunch. Other lists of questions relate to mental conditions of the school influencing health, bodily conditions of the child, and teaching staff.

CHILD LABOR

THE FOURTH NATIONAL CONFERENCE ON LABOR LEGISLATION

The Fourth National Conference on Labor Legislation called by the Secretary of Labor met in Washington on October 25, 26, and 27, 1937. The Conference was made up for the most part of delegates representing organized labor and of State labor officials sent by the Governors of 45 States. The discussions of the Conference emphasized the importance of good administration of labor legislation as well as the enactment of good legislative standards. Among the resolutions adopted by the Conference at the close of the 3-day session were those urging both State and Federal action directed to a more adequate control of child labor and of industrial home work. The text of the recommendations on child labor and industrial home work follows:

RECOMMENDATIONS ON CHILD LABOR

Because of the temporary progress made in 1933-35 in reducing child labor under the NRA codes there is grave danger that the public may not realize the seriousness of the child-labor problem today and the importance of measures dealing with it. The Conference, therefore, wishes to emphasize that (1) child labor has shown an alarming increase in the past 2 years; (2) only 10 States have 16-year minimum-age laws.

To remedy the weaknesses in many State laws, notably in the protection of children from industrial accidents and in safeguarding the age of employment, hours, and types of work, three steps are essential:

(1) Improvement in State child-labor laws.
(2) Sound Federal child-labor legislation.
(3) Ratification of the child-labor amendment.

State Child-Labor Laws

The Conference reemphasizes its stand of last year that every effort should be made to raise all State child-labor laws to the standards already approved by this Conference.

Federal Legislation

The Conference urges that Federal legislation contain the following vitally important provisions modeled on the 1916 Federal child-labor law: (a) a cooperative working arrangement between State and Federal authorities in enforcement; (b) a sound work-certificate system which serves as the test of legal employment and prevents illegal employment; and (c) the prohibition of the shipment of goods from factories in which child labor has been employed within 30 days prior thereto, which makes enforcement possible without proving that a particular child worked on a particular article.

These three provisions are in the Black-Connery Bill as reported by the House Committee on Labor and should be retained. The last two were not in the bill as passed by the Senate. All three are needed for effective enforcement.

The Conference deplores the fact that exemptions from the Black-Connery Bill in its present form would permit children to work in turpentine camps and, if parents rather than children receive the pay, to engage in industrial home work, mining operations, and any other occupations in which the children are not hired directly, and urges their elimination. Another exemption which should be eliminated as contrary to sound policy permits the Children's Bureau to exempt a child of any age if his employment is not deemed to interfere with education, health, or welfare. This is an unprecedentedly broad grant of power to exempt from child-labor standards. It might be subject to abuse and would add great difficulties to the administration of the act.

Since many of the difficulties which have arisen with reference to child labor in the Black-Connery Bill have been due to exemptions which have been intended to apply to adults, the Conference urges a segregation and clarification of the provisions applying to child labor.

The Conference goes on record as strongly opposing the inclusion in a Federal child-labor law of provisions based on the prison-made goods method of regulation, forbidding the shipment of child-made goods into a State which has forbidden the sale of such goods. This method would require new laws in every State of the Union. It presupposes that a method used for convict-made goods in less than 50 prisons and jails can be applied to goods made by children in any of many thousands of factories all over the country. The enforcement of such child-labor provisions presents insurmountable difficulties.

Ratification of the Child-Labor Amendment

The Conference recognizes that any proposed Federal legislation before Congress could eliminate only an estimated 25 percent of the nonagricultural child labor that exists today, and that an amendment to the Constitution is essential to complete the abolition of this evil. The pending child-labor amendment requires only eight more ratifications to afford the necessary relief and reliable polls show that the country demands it. The Conference urges that its ratification be carried to completion.

Proposed Substitute Child-Labor Amendments

The Conference notes that other amendments to the Constitution dealing with child labor have been proposed in Congress and elsewhere and have obtained some degree of public support. It wishes to point out the serious weaknesses from which some of these amendments suffer. They do not give any authority to Congress to regulate or prohibit the exposure of youths between 16 and 18 to the extra-hazardous processes of industry * * * * The use of the words "for hire" is another defect that has crept into proposed substitute child-labor amendments. If Federal legislation is to be limited to children who are employed "for hire," it will make it impossible to control the grave abuses of children in industrial home work, in forms of industrialized agriculture like the sugar-beet fields, and in other undesirable jobs for which parents are now paid for the labor of their children or will be so paid if that is a convenient method of evading the law.

RESOLUTION ON INDUSTRIAL HOME WORK

WHEREAS, Industrial home work exploits the workers engaged in the practice, undermines the employment standards in competing factories, jeopardizes the health of the workers and the public, and is a means of evading wage, hour, and child-labor regulations; and

WHEREAS, A number of States have already enacted legislation which makes the prohibition of industrial home work possible; and

WHEREAS, Already large quantities of home-work materials are being shipped across State lines and one result of this prohibitory type of State legislation may be the further spread of industrial home work into States not yet faced with the problem;

BE IT THEREFORE RESOLVED, That the Fourth National Conference on Labor Legislation go on record in favor of the elimination of industrial home work and urge the rapid enactment of home-work legislation of the prohibitory type by States not already having such laws; and

BE IT FURTHER RESOLVED, That the United States Congress be urged to enact legislation controlling industrial home work in interstate commerce in the United States, its Territories and Possessions, which clearly looks toward the ultimate elimination of the practice.

LEGISLATIVE NOTES

Wisconsin child-labor law strengthened

The Wisconsin child-labor law was amended at the recent special session of the Legislature. By this latest enactment, effective December 15, 1937, Wisconsin becomes the first State to set a maximum 40-hour week for minors of both sexes up to 18 years of age in all occupations except agricultural work or domestic service. Another precedent is the establishment of a maximum 24-hour week for minors under 16. As Wisconsin has a 16-year minimum age for work during school hours, this provision will apply only to children under 16 working outside school hours and during vacations.

The new law also eliminates the exemption to the minimum-age provision under which children 12 and 13 years of age had been permitted to work during vacation in specified nonfactory employments, but it allows children of these ages to work during vacation in work usual to the home of the employer provided such work is not a part of his business or profession. In addition it provides greater protection for employed minors from hazardous occupations. The 18-year minimum age is extended to many hazardous occupations for which the Industrial Commission had formerly set a 17-year minimum age.

More stringent regulations are provided for minors in public exhibitions, permits being required for minors up to 18, instead of to 16 as formerly, and a minimum age of 12 being established as one of the conditions for obtaining a permit. In addition minors under 18 are prohibited from performing or appearing in roadhouses, cabarets, night clubs, or similar places.

Minor boys working as caddies are declared to be employees of the golf club or association (including State or municipal associations) operating the golf course, and the Industrial Commission has power to make regulations relating to the employment of boys under 18 as caddies. Such regulations may include a waiver of the requirement for permits to work. Girls under 21 are prohibited from work as caddies. (For advances in street-trades regulations enacted at the regular session of the Legislature earlier in 1937 see THE CHILD for August 1937, p. 31)

Minimum wage set for District of Columbia retail trade

The Minimum Wage Board of the District of Columbia has set the minimum-wage rate for women and minors over 18 years of age employed in the retail trade. The basic rate is set at $17 a week for experienced workers employed on a full-time basis (40 to 48 hours a week). Part-time workers are to be paid not less than 40 cents an hour. Inexperienced workers (learners) must be paid at least $13 a week for the first 6 months, $15 a week for the second 6 months, and $17 a week thereafter. Learners' certificates must be obtained from the Minimum Wage Board, and not more than 10 percent of the employees of any store may be classified as learners at any time.

The next industry to be considered by the Board will be the hotel and restaurant industry.

Child labor in Trinidad and Tobago regulated by new ordinance

An ordinance regulating the employment of children and young persons in Trinidad and Tobago and repealing ordinances of 1927 and 1933 on the same subjects received assent on December 21, 1936. This ordinance prohibits the employment of children under 12 years of age, and provides that children under 14 years of age may not be employed in any public or private industrial undertaking or on any vessel, except an undertaking or a vessel in which only members of the same family are employed and except in certified industrial schools or orphanages. Employers must keep a register of all employees under the age of 16 years. Young persons under 18 may not be employed at night(11 consecutive hours including those between 10 p.m. and 5 a.m.) except in family industries, the manufacture of raw sugar, and any other undertaking that may be declared exempt by the Governor. Industrial undertakings are defined to include mining, construction, and transport; employment is defined as including any labor exercised by way of trade or for the purposes of gain, whether the gain be to the child or to any other person. *Legislative Series 1936 -- Trin. 1, International Labor Office, Geneva, Switzerland, 1937. 4 pp.*

BOOK AND PERIODICAL NOTES

(Child Labor)

Vocational pamphlets on nursing

"Nursing and the Registered Nurse" is the title of the latest vocational pamphlet issued by the Nursing Information Bureau of the American Nurses' Association (50 West 50th St., New York, 1937, 55 pp.; single copies, 10 cents; 100 copies, $3.50). This was prepared in cooperation with the National League of Nursing Education and the National Organization for Public Health Nursing and discusses opportunities for individual and community service through nursing and professional channels through which to obtain employment in nursing.

Revisions of two other pamphlets, "Nursing and How to Prepare For It" (23 pp.), and "Nursing a Profession for the College Graduate" (18 pp.), can also be obtained from the Nursing Information Bureau (single copies, 5 cents; 100 copies, $2). These pamphlets discuss opportunities within the nursing profession, training, how to choose a nursing school, and admission requirements to schools of nursing.

International Labor Office publishes new conventions and recommendations

Draft conventions, recommendations, and resolutions adopted by the twenty-third session of the International Labor Conference have been printed in the *Official Bulletin* of the I.L.O. for August 15, 1937 (Geneva, vol. 22, no. 3). These include the 1937 revisions of the draft conventions fixing the minimum age for admission of children to industrial employment and to nonindustrial employment.

One of the resolutions invites the Governing Body of the International Labor Office to request the Governments to furnish for publication information on the number of children still under school-leaving age who during the year have been employed out of school hours. This is in accordance with a recommendation adopted by the Conference in 1935.

I.L.O. YEAR-BOOK, 1936-37. International Labor Office, Geneva, 1937. 607 pp. Price, $2.75.

This is the seventh year of issue of this yearbook on international labor problems. The new volume includes a section on child-labor and school-attendance legislation enacted by the various countries in 1936. Other 1936 legislation summarized for each nation concerns hours of work, industrial accidents and diseases, employment of women and children, social insurance, wages, unemployment, workers' living conditions, and collective bargaining.

OFFICIAL PROCEEDINGS, FIRST NATIONAL CONVENTION OF UNITED CANNERY, AGRICULTURAL, PACKING AND ALLIED WORKERS OF AMERICA, July 9-12, 1937. International Headquarters, 1001 Fifteenth St., NW., Washington, D.C. 1937. 95 pp. 35 cents.

This union of cannery and allied workers endorsed the child-labor amendment at its first national convention which was held in Denver, Colo. A resolution was also adopted urging that the exemptions for children engaged in agricultural pursuits be eliminated from the State child-labor and school-attendance laws.

CHANGES IN FARM POWER AND EQUIPMENT: MECHANICAL COTTON PICKER, by Roman L. Horne and Eugene G. McKibben. Studies of Changing Techniques and Employment in Agriculture, Report No. A-2, Works Progress Administration, Philadelphia, August 1937. 24 pp.

This study was made under the National Research Project on Reemployment Opportunities and Recent Changes in Industrial Techniques, Works Progress Administration. It is based to a considerable extent on first-hand observations of the experimental operations of mechanical cotton pickers, including the Rust-type mechanical picker. The authors conclude that, although the widespread adoption of a successful mechanical cotton picker will require a period of time, the beginning of that period is imminent. In regard to displacement of hand labor it is pointed out that "since women and children play an important role in hand picking, only a part of the labor affected would be adult males. Moreover, because men would be required to operate the mechanical equipment, relatively fewer men than women and children would be displaced."

WOMEN IN THE ECONOMY OF THE UNITED STATES OF AMERICA; a summary report, by Mary Elizabeth Pidgeon. Women's Bureau. Washington, 1937. 137 pp.

In this report women's opportunities to earn a livelihood are summarized from various angles, including occupational changes, unemployment, irregular employment, levels of compensation, and the contribution of women workers to the support of others. A second main theme is the effect of labor legislation on the employment opportunities, wages, and conditions of work of women.

The report was prepared at the request of officials of 10 national organizations of women, for the use of their members and of the International Labor Office.

YOUTH: A WORLD PROBLEM, by W. Thacher Winslow. National Youth Administration. Washington, 1937. 138 pp. 25 cents.

Described as "a study in world perspective of youth conditions, movements, and programs," this report summarizes employment conditions, training opportunities, and programs and movements affecting youth in each of 60 countries.

SURVEYS OF YOUTH: FINDING THE FACTS, by D. L. Harley. American Youth Commission, Series IV, vol. 1, no. 1. Washington, September 1937. 106 pp. 50 cents.

One hundred and sixty-six surveys of youth--National, regional, State, and local--made in the United States since 1931 are identified, classified, and briefly described in this volume. The user is cautioned in the preface that the surveys included "vary widely not only in size but in reliability, and the task of assessing their worth is left to the student who uses their findings. The evident disparity among them should stress the need for more comprehensive and trustworthy means of obtaining current information on matters of such importance."

SOCIALLY HANDICAPPED CHILDREN

NEWS NOTES

Visiting-housekeeper services discussed in conference

The development and extension of housekeeper services to homes from which the mother is absent or where the routine is disrupted by illness of the mother were discussed in an informal conference held in Washington early in November under the auspices of the Children's Bureau.

The purpose of the conference was to discuss the following problems:

1. Types of agencies interested in development of services and their relationship to other agencies and to a comprehensive community service.
2. Types of studies of agency experience already available or under way and the need for further study of special problems of organization and standards of services.
3. Extent of need felt for some national stimulus and guidance in planning for such studies and in extending available information to agencies providing housekeeper services or contemplating such services.
4. Possible contributions to the development of housekeeper services that might be made by the different professional groups interested in the training of workers, in furthering the employment of women in a field where their experience is valuable, or in using such services as an integral part of their work.

Federal agencies represented at the conference, in addition to the Children's Bureau, were the Works Progress Administration, the Bureau of Home Economics, the Social Security Board, the Public Health Service, the Women's Bureau, and the Office of Education. National private agencies represented were the American Home Economics Association, the National Organization for Public Health Nursing, the Family Welfare Association, the American Public Welfare Association, and the National Council of Parent Education. The experience of child-welfare and family-welfare agencies was contributed by representatives of such agencies from a number of cities.

Minimum marriage age fixed in French Possessions in India

Marriage under the age of 16 years for boys and 14 years for girls is forbidden in the French Possessions in India by decree of the President of the French Republic, July 30, 1937. The Governor may grant exemptions under certain conditions. Provision is made for the annulment of marriages contracted in violation of this decree and for the punishment by fine and imprisonment for 6 days to 1 month of parents or guardians promoting such marriages.

This action was taken to put an end to a situation by which child marriages, strictly forbidden in British India, were entirely legal in the French Possessions. The age limits set are in accordance with the recommendations of the General Council representing the population of the French Possessions in India. *League of Nations, Child-Welfare Information Center, Legislative and Administrative Series No. 17. C.Q.S./P.E./C.I./16.*

BOOK AND PERIODICAL NOTES

Washington State Coordinator issues children's number

The *Coordinator* for October 1937 (Washington Department of Social Security, Olympia, vol. 4, no. 9) is a special edition devoted to the activities of the Division of Children. It contains an article on the child-welfare program under the Social Security Act by C. C. Carstens, and articles by members of the staff of the Division of Children on dependent children aided in their own homes, the crippled child, psychological services, foster homes, and children under care of private agencies.

A HISTORICAL SUMMARY OF STATE SERVICES FOR CHILDREN IN NEW YORK. Children's Bureau Publication No. 239, Part 2. Washington, 1937. 37 pp.

This is the second of a series of studies of the development of State services for children to be published by the Children's Bureau. The first dealt with State services for children in Ohio. The picture given in this bulletin is of services for children in New York State in 1931 and 1933, when extended field visits were made to the State. Extensive changes in the organization and services of the department of social welfare have since occurred. An understanding of the past experiences from which the present program developed should be of value to students of public-welfare administration, for whom this study is intended.

SOURCE OF INCOME OF 2,647 MOTHERS' ASSISTANCE FUND FAMILIES, by R. C. Fletcher and K. A. Biehl. *Federator* (Federation of Social Agencies of Pittsburgh and Allegheny County), vol. 12, no. 9 (October 1937), pp. 207-213.

The median family income for the entire group of 2,647 families studied was found to be $71.19 a month, and the average size of the family, 4.8 persons. The 564 families (averaging 4.4 persons per family) whose income was solely from the mothers' assistance fund had a median income of only $42 a month.

One-half of the families (1,339) also had income from the private employment of 1,781 persons. Sixty-nine percent of the 571 mothers who were employed and 54 percent of the employed children earned less than $50 per month. Three mothers and 74 children earned $100 or more per month. No information is given as to the ages of the children who worked. It is mentioned that 33 families received some assistance through the Civilian Conservation Corps.

EDUCATIONAL BACKGROUNDS OF TRANSIENT NEGRO BOYS, by George E. Outland. *Journal of Negro Education* (Howard University, Washington, D.C.), vol. 6, no. 4 (October 1937), pp. 596-600.

Negro boys, 16 to 20 years of age, inclusive, formed 9 percent of all migrant boys registering at the Los Angeles Bureau of the Federal Transient Service between August 31, 1934, and August 31, 1935. The majority of these 317 young Negro migrants came from six southern States. Three-fifths of them had completed at least the first eight grades of school, but the educational attainment of the Negro boys was found to be considerably lower than that of either the native white boys or the boys of foreign parentage. Slightly more than 31 percent of the Negro boys had dropped out of school before reaching the minimum-age limit for compulsory school attendance in their respective States. Although more than half of the Negro population of the United States lives in rural areas, 68 percent of these Negro boys came from urban districts.

SOCIAL TREATMENT IN PROBATION AND DELINQUENCY; treatise and casebook for court workers, probation officers, and other child-welfare workers, by Pauline V. Young, Ph.D. McGraw-Hill Book Co., New York, 1937. 646 pp.

Readings from the accumulated literature on case-work techniques and processes relating to probation, delinquency, and unadjustment have been brought together in this volume. Dr. Young describes it as an attempt "to pool the varied experiences, points of view, experiments, as well as tested techniques, presented in the work with children in several large communities in this country."

SEX CRIMES AND THE LAW, by Sheldon Glueck. *Nation*, vol. 145, no. 13 (Sept. 25, 1937), pp. 318-320.

The author states that "no fewer than 78 percent of the youths sentenced to a well-known Eastern reformatory admitted having had illicit sexual experiences before entering that institution. In fact, almost a third of the 500 young men involved had indulged in sexual practices at the age of 15 or less. Examination revealed that 27 percent were venereally diseased when they entered the reformatory."

Fundamental in a proposed program of treatment outlined by the author is concentration on crime prevention by police departments in cooperation with schools, clinics, playground and recreation associations, and agencies for community organization.

GENERAL CHILD WELFARE

BOOK AND PERIODICAL NOTES

Spanish edition of "Are You Training Your Child to Be Happy?"

"¿Está Ud. Educando A Su Niño A Ser Feliz?" is the title of the first of its popular bulletins to be published by the Children's Bureau in Spanish (Washington, 1937; 57 pp.). The translation is the work of Professor Gilberto Cerda, Superintendent of the San Felipe schools of Del Rio, Tex.

This bulletin consists of 12 lessons in child management. Nearly half a million copies of the English edition, "Are You Training Your Child to Be Happy?" have been distributed since it was first published in 1930. The Spanish edition makes it possible to meet the demands of the Spanish-speaking population in the United States, especially in New Mexico, California, Arizona, Puerto Rico, as well as requests from Latin American countries.

THE CHILDREN'S PLAY CENTRE; its psychological value and its place in the training of teachers, by D. E. M. Gardner. Methuen & Co. (36 Essex St., Strand W.C. 2), London, 1937. 143 pp. Price, 3s. 6d.

The experiment here described is that of a play center for children carried on in an English training college for teachers in elementary school. The center was begun with a group of 24 children, 3 to 13 years of age, who lived in a row of small temporary buildings called the Tin Huts. Then it was opened four evenings a week instead of two, so that more children could be accommodated.

An account is given of group-play activities throughout one term. This is followed by short studies of some of the children, their parents, and the effect of the play center on the training of the students who assisted.

NURSERY SCHOOL AND PARENT EDUCATION IN SOVIET RUSSIA, by Vera Fediaevsky and Patty Smith Hill. E. P. Dutton & Co., New York, 1936. 265 pp. $2.50.

Patty Smith Hill, Professor Emeritus of Education, Teachers College, Columbia University, became interested in the nursery-school and parent-education program of the Soviet Union during a visit made in 1929 and persuaded Madame Fediaevsky to record the variations in creches, nursery schools, and kindergartens adapted to the needs of mothers in urban and rural areas working in industrial or agricultural organizations. The material submitted by Madame Fediaevsky, who was formerly senior scientific worker of the Central Institute for the Protection of Motherhood and Infancy, Moscow, was edited and revised in the form of the present volume by Professor Hill.

THE EXCEPTIONAL CHILD AT HOME AND AT SCHOOL. Part I, by Winifred Richmond, Ph.D., and John Edward Bentley. Child Research Clinic Series, vol. 2. no. 5. Woods Schools, Langhorne, Pa., 1937. 32 pp.

Dr. Richmond's paper discusses various types of exceptional children in relation to the effect of the "family constellation" on development of personality. Mr. Bentley emphasizes the importance of developing within the schools child-guidance clinics that would provide medical oversight, psychological and psychiatrical analysis, and supervise the educational programs for exceptional children.

SONGS AND PICTURES BY A CHILD, edited by Doreen Bland. Paisley Press, 551 Fifth Ave., New York, 1937. 60 pp. plus illustrations. $2.

"This book, compiled and published without his knowledge or approval, is dedicated to the author." Its contents are stated to be the authentic work of a boy under 6 years, whose anonymity is carefully preserved. First printed by Williams & Norgate, Ltd., London, this small volume can now be obtained in the United States. The technique followed is that of observing and recording without interfering. The book is presented, not as the work of an extraordinary or precocious child, but as the result of the creative efforts of a normal child who "from his earliest days has been encouraged to seek beauty and drama in natural things" and "has been allowed to find his own means of expressing his thoughts and feelings." Thus--

> I am thinking.
> I want to think to the other end of thinking.
> I am thinking about a tomato,
> Tomorrow I will think about two tomatoes.

OF CURRENT INTEREST

ANNOUNCEMENTS

American Public Health Association elects officers at convention

At the sixty-sixth annual convention of the American Public Health Association, which was held in New York, October 5-8, 1937, Abel Wolman was chosen president-elect, to succeed Dr. McCormack. Mr. Wolman, who will take office at the 1938 annual convention in Kansas City, is Professor of Sanitary Engineering at Johns Hopkins University. John L. Rice, M.D., Health Commissioner of New York City, was elected first vice-president; John T. Phair, M.D., of the Provincial Department of Health, Toronto, second vice-president; and Domingo Ramos, M.D., Director of Health, Habana, third vice-president. Louis I. Dublin, Ph.D., of the Metropolitan Life Insurance Company, was reelected treasurer.

* * * * *

Children's Museums Conference postponed

The midwinter conference of the Children's Museums Section of the American Association of Museums, announced for December 3 in Brooklyn, N.Y., was postponed. The date when the conference will be held was not announced.

School Health Education Service discontinued

The Joint Committee on Health Problems in Education announces the discontinuance of the School Health Education Service as of September 15, 1937. This service was transferred from the American Child Health Association to the Joint Committee in 1935 as a temporary provision for a period not to exceed 2 years.

The school-health publications of the American Child Health Association will continue to be available through the Order Department of the National Education Association (1201 Sixteenth St., NW., Washington, D.C.).

ON THE AIR

"The Child Grows Up"

A series of radio programs will be given by members of the Children's Bureau staff over the blue network of the National Broadcasting Company on Saturdays from 10:30 to 10:45 a.m., Eastern standard time, beginning December 4, 1937. These broadcasts will be in part in question and answer form, and will be built around the general theme "The Child Grows Up."

"Brave New World" broadcasts

A new series of educational broadcasts by the Radio Script Exchange of the United States Office of Education has been announced. These programs will be given on Mondays beginning November 1 from 10:30 to 11 p.m., Eastern standard time, over the Columbia Broadcasting System. The series is entitled "Brave New World" and will present in 26 episodes the history, culture, and present-day problems of the Latin American countries.

Workbook guide to "Your Health" issued

For the use of pupils listening to the American Medical Association health programs broadcast under the general title, "Your Health," a workbook and guide of the same title has been prepared by Dr. W.W. Bauer and Dr. P.A. Teschner (Johnson Publishing Co., Atlanta, Ga., 1937. 80 pp. 24 cents each, postpaid; 18 cents plus carrying charges on orders for 10 or more copies). This workbook parallels the broadcasts that are given every Wednesday at 2 p.m., Eastern standard time, over the red network of the National Broadcasting Company, and are intended to supplement and enrich the health-education programs of the schools.

CONFERENCE ON BETTER CARE FOR MOTHERS AND BABIES
Washington, D. C., January 17 and 18, 1938

At the request of various professional groups and national organizations interested in maternal and infant health and welfare the Children's Bureau has called a Conference on Better Care for Mothers and Babies to be held in Washington, January 17 and 18, 1938. The call for the conference grew out of findings with reference to the need for an expanded program of maternal care presented to the Children's Bureau by its Advisory Committee on Maternal Welfare, of which Dr. Fred L. Adair is chairman.

The forthcoming conference will canvass in a broad way the resources now available and the work now being done in behalf of mothers and babies throughout the country through the cooperative efforts and under the leadership of the medical profession, public-health officials, nursing organizations, professional and lay groups, and interested individuals.

A planning committee for the conference has been appointed, with Mrs. J.K. Pettengill of the National Congress of Parents and Teachers, chairman; Dr. Fred L. Adair, vice-chairman; and Mrs. Nathan Straus of the National Council of Jewish Women, secretary.

Among the organizations that have already accepted invitations to be represented on the conference planning committee are the following: American Medical Association, American Academy of Pediatrics, American College of Surgeons, American Committee on Maternal Welfare, American Federation of Labor, American Legion, American Pediatric Society, American Public Health Association, American Social Hygiene Association, Associated Women of the American Farm Bureau Federation, General Federation of Women's Clubs, Maternity Center Association (New York), Medical Women's National Association, National Congress of Parents and Teachers, National Council of Jewish Women, National Federation of Business and Professional Women's Clubs, National Grange, National Organization for Public Health Nursing, National Urban League, National Women's Trade Union League, State and Provincial Health Authorities of North America.

CONFERENCE CALENDAR

1937	
Nov. 29-Dec. 1	Second National Conference on Educational Broadcasting, Drake Hotel, Chicago. Information: C. S. Marsh, 744 Jackson Place, Washington, D. C.
Nov. 30-Dec. 3	Southern Medical Association. New Orleans, La.
Dec. 4	Society for Research in Child Development. Fourth regional meeting, Babies' Hospital, New York. Information: National Research Council, Washington, D. C.
Dec. 10-12	American Public Welfare Association. Second annual round-table conference, Wardman Park Hotel, Washington, D. C.
Dec. 10-15	American Farm Bureau Federation. Chicago. Dec. 10-11, Third annual convention, Associated Women of A.F.B.F., Hotel Sherman, Chicago.
Dec. 27-30	American Association for Advancement of Science and Annual Science Exhibition. Murat Theatre, Indianapolis.
Dec. 27-31	American Statistical Association; American Association for Labor Legislation, and allied organizations. Annual meetings, Atlantic, N.J.
1938	
Jan. 29-31	Child-Labor Day. Information and materials (25 cents) from National Child Labor Committee, 419 Fourth Ave., New York.
Feb. 2	National Social-Hygiene Day. Information from American Social Hygiene Association, 50 West 50th St., New York.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U S GOVERNMENT PRINTING OFFICE 1937

* 9331.3A7

THE Child

Monthly News Summary
with
Social Statistics Supplement
[PRINTED SEPARATELY]

DECEMBER
1937

Volume 2
Number 6

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD Monthly News Summary

Volume 2 December 1937 Number 6

CONTENTS

PAGE

FOREIGN CHILD-WELFARE LEGISLATION

Maternal and Child-Welfare Legislation in Sweden - - - - - - - - - - - 119
New Legislation in Denmark - 120
High Council for Child Welfare in France - - - - - - - - - - - - - - - 120

THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

Development of Medical Service for Dependent Children in Sullivan County, Ind., by Louise Griffin and Fae Logan - - - - - - 121
State and Local Personnel and Services--An Analysis of 1938 Maternal and Child-Health Budgets, by Clara E. Hayes, M.D. - - 123
News Notes - 125
  PUBLIC HEALTH NURSING ADVISORY COMMITTEE
  DENTAL ADVISORY COMMITTEE
  POLL ON FEDERAL AID TO MOTHERS AT CHILDBIRTH
  CEREBRAL-PALSY PROJECT IN NEW JERSEY

MATERNAL, INFANT, AND CHILD HEALTH

School Program of Mouth Hygiene Surveyed by Cleveland Child Health Association - - - - - - - - - - - - - - - - 126
Book and Periodical Notes - 126

CHILD LABOR

Child-Labor Trends of a Decade - 128

SOCIALLY HANDICAPPED CHILDREN

News and Research Notes - 131
  BLUE RIDGE INSTITUTE REPORT ON DELINQUENCY PREVENTION THROUGH COMMUNITY ORGANIZATION
  PROCEEDINGS OF NATIONAL CONFERENCE OF JEWISH SOCIAL WELFARE
  NATIONAL RECREATION ASSOCIATION HONORS JOSEPH LEE
Book and Periodical Notes - 132

OF CURRENT INTEREST

Motion Picture on "The Birth of a Baby"- - - - - - - - - - - - - - - - 134
Conference Calendar - 134
Conference on Better Care for Mothers and Babies: Program - - - - - - 135

For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

CHILDREN'S BUREAU
KATHARINE F LENROOT, CHIEF

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 6 December 1937

FOREIGN LEGISLATION

MATERNAL AND CHILD-WELFARE LEGISLATION IN SWEDEN

Several new laws enacted in Sweden, which become effective on January 1, 1938, provide for a national system of maternal and child-health work and for Government aid to mothers during pregnancy and at childbirth, to unmarried mothers, and to fatherless or motherless children and children whose parents are incapacitated for work.

A preventive program is to be developed through maternal and child-health centers giving free service, the establishment of which is authorized in counties and cities under instructions to be issued by the National Department of Health. Government aid will be given in the form of a lump-sum grant not to exceed one-half of the cost of establishing and equipping the health centers and also in the form of subsidies for the salary and travel expenses of physicians, nurses, and midwives. The preventive maternal and child-health work will be under the supervision of the National Department of Health, which will also have charge of the distribution of funds.

Maternity benefits are provided on a liberalized basis under a second law, which replaces a law of 1931. The new law provides for benefits of 75 kronor. (A kronor was equal to 25.55 cents in international exchange in October 1937.) Women are eligible who do not belong to any recognized sickness-insurance organization and whose taxable income (joint income of husband and wife if they live together) does not exceed 3,000 kronor a year. This is more than the average annual income of industrial workers in Sweden, according to the latest available figures, and more than twice the average annual income of agricultural workers. Under the old law the income limit was 500 kronor, and the benefits amounted to about one-fourth to two-thirds of those provided for under the new law. Under a separate law the minimum maternity benefits paid to women insured by the sickness-insurance organizations are to be almost doubled. The insurance organizations are reimbursed for this outlay by the National Treasury.

Aid from public funds for needy expectant mothers and mothers recently confined is provided by another new law. This aid may be given in one or more remittances, in amounts varying according to need, but the total per case must not exceed 300 kronor. This law is to be administered by maternity-aid boards, which are to be established throughout the country, in cooperation with the child-welfare boards.

Pensions for fatherless or motherless children and children under 16 whose parents are permanently incapacitated for work are to be paid from public funds under still another law. The amount of the pension varies according to locality and number and age of children.

Payments to unmarried mothers for the maintenance of children under 16 are to be made from public funds, according to another law, if the father responsible for the child's support fails to make the payment. The amount varies according to cost of living in the locality, age of the child, number of children in the family, and income of the mother. The local child-welfare board, which makes the payment and is reimbursed by the National Treasury and the commune, must see that the money is used for the child.

Except for the preventive maternal and child-health work, the benefits of these new laws apply only to Swedish citizens residing in Sweden. These benefits may be extended through reciprocal treaties with other countries, however, to citizens of those countries residing in Sweden. *Tidskrift för Barnavård och Ungdomsskydd, Stockholm, Nos. 4 and 5, 1937.*

NEW LEGISLATION IN DENMARK

Law regarding pregnancy

A law of Denmark (No. 163, May 18, 1937) legalizes therapeutic abortion under stated conditions. Officially established clinics to provide instruction in sex hygiene and in prenatal care must be available before April 1, 1938, when the law comes into force. In Copenhagen the establishment of these clinics devolves on the municipal administration; elsewhere, on the provincial authorities. The State treasury will refund to the communes half of the expenditures incurred. These clinics will operate in cooperation with the communal social-welfare committees established under the Social-Welfare Law of 1933. Pregnancy must not be interrupted without a certificate from one of these officially established clinics that the woman has been advised of the support available if she completes her pregnancy and instructed as to the dangers and possible consequences of interrupting pregnancy. A certificate may be dispensed with in cases where the life or health of a pregnant woman is endangered by disease. In the case of a minor, the consent of parent or guardian is necessary for the interruption of pregnancy.

The law provides that a woman who interrupts her own pregnancy, even if the conditions laid down for the legal interruption of pregnancy are fulfilled, shall be punished by detention for not more than 3 months. A person who without being an authorized doctor, interrupts pregnancy or gives assistance for the purpose shall be punished by imprisonment not exceeding 4 years, 8 years, or 12 years, according to the gravity of the offense. *League of Nations, C.Q.S./P.E./C.I./22. Legislative and Administrative Series, No. 20, Geneva, October 27, 1937; Lovtidenden, Copenhagen, A. No. 21, May 31, 1937.*

Legitimacy and maintenance laws

The conditions under which a child is to be considered legitimate are defined in a Law of Denmark enacted May 22, 1937 (Law No. 132), which becomes effective January 1, 1938. This new law replaces earlier statutes on the subject. *League of Nations, C.Q.S./P.E./C.I./21. Legislative and Administrative Series, No. 21, Geneva, October 27, 1937.*

Law No. 133, enacted May 7, 1937, is concerned with the contributions for maintenance required in cases of separation or divorce, or by judgment, for the present or former husband or wife, child, adoptive child or step-child, or for a woman made pregnant out of wedlock. This law also becomes effective on January 1, 1938. *League of Nations, C.Q.S./P.E./C.I./20, Legislative and Administrative Series, No. 19, Geneva, October 27, 1937.*

HIGH COUNCIL FOR CHILD WELFARE IN FRANCE

By a decree of the President of the French Republic dated September 30, 1937, a High Council for Child Welfare was established in France with the Minister of Public Health serving as chairman.

The duty of the Council is to coordinate public and private services, organizations, and institutions concerned with the protection of children; to ensure contact between the departments of the various ministries concerned with child welfare and the competent committees of the League of Nations; and to study questions of child welfare.

The Council consists of 35 members, of whom the Minister of Public Health chooses 10 members to form a permanent section. A permanent secretariat is set up under a permanent Secretary-General, who may be a woman. The permanent secretariat prepares the work of the High Council and the permanent section and sees that the decisions of the High Council are carried out. *Journal Officiel, Paris, October 1, 1937, P. 11,152.*

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

DEVELOPMENT OF MEDICAL SERVICE FOR DEPENDENT CHILDREN IN SULLIVAN COUNTY, INDIANA

BY LOUISE GRIFFIN, SUPERVISOR, CHILD-WELFARE SERVICES,
AND FAE LOGAN, CHILD-WELFARE WORKER, INDIANA DEPARTMENT OF PUBLIC WELFARE

Ed. note.--Under the reorganization of State and county public-welfare activities in Indiana a plan is being developed for constructive child-welfare services in all counties in the State. Since 1881 provision for foster care for dependent and neglected children has been a responsibility of county units. The improvement of methods for care of dependent wards of the county is, therefore, a major problem of the new child-welfare program of the State. The following article outlines the initiation of medical services in one county as a definite part of public foster care. This is one of the counties to which a child-welfare worker has been made available by the State Department of Public Welfare through the use of Federal social-security funds. Similar demonstrations of constructive child-welfare services adapted to local needs and resources have been undertaken in several other counties. E.O.L.

A special child-welfare worker began work in Sullivan County in November 1936, taking over responsibility for case-work services for children who were wards of the county department of public welfare and other neglect and behavior-problem cases. After a few months it was possible to begin to plan for regular medical care for the 69 children who were under care of the department. The 44 children who were wards before the county child-welfare worker began her services had never had regular medical care. No medical records of any sort had been kept, so that it was not possible to know whether a child had had a thorough physical examination or what care a child had received. In many cases of foster-home placement the child had undoubtedly been given a rather thorough examination, but since there were no records, there was no information available to be used in follow-up work.

Early in the planning of the medical program Dr. Howard B. Mettel, Chief of the State Bureau of Maternal and Child Health, was consulted as to the best method of presenting to the Sullivan County Medical Association the medical needs of the children under care. Dr. Mettel was very helpful in suggesting methods for presenting the need. It was thought that after a year the medical service might be reviewed and at that time further steps might be planned.

The first step taken toward planning a medical program for child wards of the county was to present the need at a meeting of the Sullivan County Children's Committee, an unofficial advisory group. The conclusion reached at that meeting was that a plan for medical services for dependent children was badly needed, but that before any program was considered the county medical association should be consulted.

The proposal for regular medical service for children under care of the county department was then presented to the policy-forming committee of the county medical association--the reference committee. The proposition made to this committee was not that the doctors should give free service, but that they should help to work out a plan for fair compensation for the service needed. The county budget for the care of children, including board and clothing, had been prepared on a per capita basis and was submitted to the doctors for their guidance. After thorough discussion the doctors undertook to work out a schedule for medical services. The reference committee then reported to the county medical association and a program was suggested.

The State Supervisor of Child-Welfare Services discussed the welfare program in Sullivan County, as well as the State program, with the Secretary of the Indiana Medical Association and was assured of his interest and future efforts in helping county departments to develop good medical care for their dependent children. He also made suggestions which will be most helpful in Jay County, the second child-welfare demonstration area.

After receiving the report of the medical reference committee, the county children's committee voted to recommend to the board of the county department of public welfare, which has the authority to establish policies and make decisions, that a general physical examination, including a Wassermann test and dental examination, be given to each child in care, and that other tests and follow-up treatment be given according to the doctor's recommendations. A plan was developed for assuring for each child continuity of medical service from the same doctor. The importance of keeping the medical records up to date was also discussed.

The recommendations of the children's committee were then presented to the county board of public welfare, together with the recommendations of the county medical association. The board members did not authorize general physical examinations of all children then under care, but they did agree that a general examination should be given in all new cases and that all children under care should have medical treatment when needed.

It was also agreed that all children under care should have regular dental treatment.

A number of children were found to be in definite need of medical attention and were taken to a doctor for general examination. The results have been recorded on the medical record forms. In many cases it has been impossible to get complete information about the child's early physical history because of lack of previous records.

All medical forms used by the county departments are provided by the Children's Division of the State Department of Public Welfare. Objections to what seemed highly detailed forms decreased when it was found that the examination did not take as much time as was anticipated, and in each instance the doctor has asked to keep a copy of the record for his own files.

The doctors have shown very real interest in individual children and in the whole child-welfare program as children have been taken to them. Few plans have been made for special care, such as operations, since the regular medical program was outlined, but in these cases the doctors have made moderate charges.

County funds provide numerous ways of giving medical care to children. The county welfare fund has two items, "Assistance to children in custody of individuals" and "Assistance to children in custody of institutions," which provide the day-by-day care, including routine medical care, for children in foster homes, particularly boarding homes, and in institutions. The maximum amount for this care is limited by law to 75 cents a day. Two additional items in the welfare fund, "Assistance to crippled children" and "Assistance to sick children other than crippled," provide special types of care, including hospitalization.

The plan for medical care which was prepared by the reference committee of the county medical association included the following provisions:

Complete physical examination of children received for care with report of all defects and recommendations as to corrections or treatment needed.

For children under 2 year of age: a check-up every 3 months; oftener if the child is not progressing properly.

For children over 2 years of age: a check-up every 6 months.

Medical and surgical care when and as needed.

Free choice of doctors.

Primary examination:

Case history, family records, past medical history of child to be prepared by the county child-welfare worker.

Physical examination to be made by physician.

Laboratory tests by hospital laboratory or by a physician equipped to make them.

Follow-up: Based on needs shown by physical examination to be carried out by local physicians as far as possible, if the county welfare department can pay for such care.

Physical check-up to be made by the physician who made the original examination if possible.

Reports:

Original examination records made out in duplicate; one for the files of the county welfare department and one retained in the file of the examiner.

Record of physical check-up made out in duplicate; one sent to the county welfare department, the other added to examiner's file.

Record of any operation, treatment of illness, or other medical care given to a ward by the physician, made out in duplicate; one copy sent to the county welfare department, the other added to the examiner's file.

All records and report blanks to be furnished by the State Welfare Department.

STATE AND LOCAL PERSONNEL AND SERVICES

Analysis of 1938 Maternal and Child-Health Budgets, Including Federal, State, and Local Funds[1]

BY CLARA E. HAYES, M.D.,
MEDICAL OFFICER, CHILDREN'S BUREAU

Forty-one States, the District of Columbia, Hawaii, and Alaska have separate divisions of maternal and child health whose directors are responsible directly to the State health officers. In seven States the bureau of maternal and child health is under or a part of another division of the State department of health.

Forty States and the District of Columbia have full-time directors of maternal and child health. Eight States, Alaska, and Hawaii have part-time directors. Thirteen States provide for 14 full-time assistant directors. In some States the directors give part of their time to crippled children's services. All directors and assistant directors are physicians, most of whom have had special training in pediatrics or obstetrics and special training or experience in public-health work.

Medical Services and Education

The full-time medical personnel provided for all State staffs includes 41 directors, 14 assistant directors, 57 other physicians (of whom a majority are obstetricians or pediatricians), 2 tuberculosis specialists, 2 immunologists, 1 psychologist, 1 mental hygienist, 1 otologist, and 1 ophthalmologist. The amount allotted from Federal and State salary and travel funds for full-time medical personnel is $549,235.78. The part-time medical personnel on State staffs includes 10 part-time directors, 57 clinical assistants in obstetrics or pediatrics, 4 tuberculosis specialists, and 2 directors of local health administration. The amount budgeted for salary and travel of part-time medical personnel is $104,694.96.

The State plans provide also for medical personnel on local staffs. Full-time medical personnel on local staffs includes 2 city directors of maternal and child health and 12 clinical assistants in obstetrics or pediatrics, with a salary and travel allotment amounting to $61,555 from Federal, State, or local funds. Part-time medical personnel on local staffs includes 16 clinical assistants in obstetrics or pediatrics, 1 director and 2 assistant directors of school-health services, and 1 school physician, with a salary and travel allotment of $22,940. Contributions to 172 local health officers' and 7 local assistant health officers' salary and travel amount to $256,400.56, almost entirely from State and local funds included in the maternal and child-health budget for matching Federal allotments.

The total amount budgeted under State maternal and child-health plans for salary and travel of all State and local medical personnel, both full-time and part-time, is $994,826.30.

Sums budgeted for postgraduate medical courses include $16,109.10 for medical trainees and $133,570.55 for postgraduate lectures or courses given by special lecturers in obstetrics or pediatrics to local physicians, making a total of $149,679.65 for medical education.

The provision for medical services by local physicians is shown below:

Prenatal, postnatal, infant, and preschool conferences, and immunization and mental hygiene .	$222,635.56
Medical inspection of school children	37,705.75
Consultant obstetricians, pediatricians, and otolaryngologists	25,250.00
Physical examination of midwives	1,350.00
Total for local medical services.	286,941.31

Public Health Nursing Services and Education

Twenty States have separate divisions of public-health nursing. In 31 States the nursing service is under other divisions of the department of health: 22 under maternal and child-health divisions and 9 under other divisions. Twenty-eight States include in their plans nursing delivery service in the patient's home.

On State staffs there are 370 full-time nurses with a salary and travel allotment from

---

[1] Only those State and local funds which were designated by the States as matching funds for the Federal allotments are included in this budget analysis. The figures are subject to change through budget revision, amendments, and supplements.

Federal and State funds amounting to $949,714.23 and 297 part-time nurses with an allotment of $318.141. On local staffs there are 2,120 local nurses giving all or part of their time to maternal and child-health work, for whom there is budgeted from Federal, State, or local funds $2,661,065.05. The total amount provided for salary and travel for the 2,787 State and local nurses, both full-time and part-time, is $3,898,920.28.

The plans of 28 States include grants for nurse trainees, totaling $97,951.30. Nine States budget $9,850 for public health nursing and maternity institutes. In addition, $10,710 is spent for other forms of nursing education in maternal or child health, making a total for nursing education and training of $118,511.30.

The total amount budgeted for all nursing services and education is $4,017,431.58.

Dental Services and Education

The dental unit is a major division of the health department in seven States. One of these, however, includes no item for dental service in its maternal and child-health budget. In six States the dental unit is a bureau under one of the divisions of the health department. In 21 States where there is no dental unit, dental service is rendered through the maternal and child-health division. Seventeen States in addition to the one mentioned above include no dental service in their budgets.

Twenty-five State plans provide for 48 full-time dentists on State staffs; 10 States provide for 37 full-time dental hygienists; and 1 State has a teacher-supervisor of dental hygiene. The amount budgeted from Federal and State funds for salary and travel for the full-time dental personnel on State staffs is $264,509. Nine States allot $18,437.38 for 14 part-time dentists on State staffs.

Two States provide for 3 full-time dentists on local staffs, and 4 States provide for 7 full-time dental hygienists with a total salary and travel allotment of $14,339.48. Seven States provide 41 part-time dentists for local staffs, with a salary and travel allotment of $41,860. The total amount budgeted from Federal, State, and local funds for salary and travel of State and local dental staffs, full-time and part-time, is $339,145.86.

Eight States budgeted $7,658 for dental health education and training. For local dental services at clinics, $43,666.06 was budgeted from Federal, State, and local funds, making a total of $390,469.92 for all dental service and education.

Health Education Services

At least five States have divisions of health education. Two others presumably have such divisions, but the information received is indefinite. In three States there are bureaus of health education under one of the major divisions of the health department. In 16 States the health-education work is planned through other bureaus. Twenty-five States provide no funds for this service in their maternal and child-health budgets.

On State staffs 15 States provide for 18 full-time health educators with a salary and travel allotment of $62,820.64. Eleven States provide for 10 part-time health educators with a salary and travel allotment of $15,490. The total amount budgeted for salary and travel of health-education staff is $78,310.64.

Nutrition Services

Twenty State budgets include $96,741.67 for 33 full-time nutritionists, and one State budget includes $2,000 for a part-time nutritionist. Two of these States provide $6,200 for 3 full-time nutritionists on local staffs. Thirty States have budgeted no maternal and child-health funds directly for nutrition work. The total amount budgeted from Federal, State, and local funds for salary and travel for nutrition staff is $104,941.67.

Recapitulation

The allocation of funds under 1938 State plans for maternal and child-health professional services of various types may be recapitulated as follows:

Medical service and education .	$1,431,447.26
Nursing service and education .	4,017,431.58
Dental service and education. .	390,469.92
Health-education service. . . .	78,310.64
Nutrition service	104,941.67
Total.	6,022,601.07

The total amount provided for local medical and dental services is $330,607.37.

The total amount provided for medical, dental, and nursing education and training is $296,548.95.

NEWS NOTES

Public Health Nursing Advisory Committee

A Special Advisory Committee on Public-Health Nursing has been appointed to serve in a consultative capacity on aspects of the public health nursing program of the Children's Bureau as it relates to maternal and child-health services and services for crippled children carried on in the States under the Social Security Act.

The chairman of the committee is Katharine Tucker, Director of the Department of Nursing Education, University of Pennsylvania. As members of the General Advisory Committee, Amelia Grant of the National Organization for Public Health Nursing and Hazel Corbin, General Director of the Maternity Center Association, become ex-officio members of the new committee. Other committee members are:

Shirley C. Titus, School of Nursing, Vanderbilt University, Nashville, Tenn.

Elizabeth G. Fox, Executive Director, New Haven Visiting Nurse Association.

Marian W. Sheahan, Director, Division of Public Health Nursing, New York State Department of Health.

Mrs. Abbie Weaver, Director, Public Health Nursing Service, Department of Public Health, Atlanta, Ga.

Florence L. Phenix, Assistant Director, Crippled Children's Division, Department of Public Instruction, Madison, Wis.

Winifred Rand, Merrill-Palmer School, Detroit, Mich.

* * * * *

Dental Advisory Committee

A Special Advisory Committee on Dental Health has been appointed for the Children's Bureau and will consider problems arising in connection with the dental programs being carried on in the States under the Social Security Act. The new committee held its first meeting in Washington on November 16, 1937.

The following persons have been appointed as members of the committee:

Guy Millberry, D.D.S., Chairman, Dean of the University of California College of Dentistry.

C. Willard Camalier, D.D.S., President, American Dental Association, Washington, D.C.

Leroy M.S. Miner, D.M.D., M.D., Dean, Harvard University Dental School, Boston, Mass.

Lon W. Morrey, D.D.S., Supervisor, Bureau of Public Relations, American Dental Association, Chicago, Ill.

Harvey J. Burkhart, D.D.S., Director, Rochester Dental Dispensary.

William N. Hodgkin, D.D.S., Vice President, National Association of Dental Examiners, Warrenton, Va.

Gerald D. Timmons, D.D.S., American Association of Dental Schools, Indianapolis, Ind.

Bert G. Anderson, D.D.S., Assistant Professor of Surgery, Yale University School of Medicine.

* * * * *

Poll on Federal aid to mothers at childbirth

A nation-wide survey by the American Institute of Public Opinion, the results of which were made public in November 1937, indicates that a large-scale Federal program for aid to mothers would receive general support. The question asked was: "Should the Federal Government aid State and local governments in providing medical care for mothers at childbirth?" Eighty-one percent of the persons who replied to the poll said, "Yes"; nineteen percent replied, "No."

* * * * *

Cerebral-palsy project in New Jersey

Under the direction of the New Jersey Crippled Children's Commission a special committee was appointed in the fall of 1936 to investigate and draw up a plan for the care and treatment of children suffering from cerebral palsy. In a series of seven clinics 65 children were examined. In 85 percent of the cases the findings indicated that the child would receive benefit from treatment.

As part of the project a demonstration unit for treatment was established in Babbitt Hospital, Vineland, N.J., in December 1936. The progress made by the patients during the first 6 months and the methods of treatment used are described by Winthrop M. Phelps, M.D., Medical Director of Babbitt Hospital, in an article, "The New Jersey State Project for Cerebral Palsy," in the *Journal of the Medical Society of New Jersey* for September 1937.

MATERNAL, INFANT, AND CHILD HEALTH

SCHOOL PROGRAMS OF MOUTH HYGIENE SURVEYED BY CLEVELAND CHILD HEALTH ASSOCIATION

In June 1936 the Cleveland Child Health Association undertook to obtain information as to what was being done to solve the problem of mouth hygiene among the school children of the United States. It has now published the first of a series of reports based on replies from 213 cities. In the first report data are given for the 13 cities having a population exceeding 500,000 according to the United States Census of 1930.

All 13 of these cities have some type of dental program for school children, the report shows. In the majority of the cities the school mouth-hygiene program is administered by the Department of Health exclusively or in cooperation with the school authorities or some private foundation.

It was found that in 9 of the cities definite provision is made for dental health education in classrooms. The percentage of children needing dental attention varied from 98 percent to 71 percent in the 9 cities reporting on this point, according to the type of examination given, the personnel employed, and the grades examined.

In 11 cities responsibility for referring children for service and making necessary social ratings is invested in the school nurse. In most instances following the dental examination notices are sent to parents informing them that defects have been found and suggesting that the child be taken to the family dentist.

All the cities make some provision for dental care, although none of them is able to meet completely the need for free service. In 10 cities clinic services are provided by the health department, and in the other 3 by the school department or board of education. Hospital dental clinics assume part of the burden in 8 cities and private philanthropic organizations and foundations in 9 cities.

Provision for part-pay or low-cost dentistry was found to be more limited. Two cities (Buffalo and Pittsburgh) recorded no facilities for such care. Dental schools serve a limited number of patients (mainly adults) in 8 of the cities. Hospital dental clinics usually arrange for reduced fees and are the only source of part-pay service in some cities. Four of the cities (Los Angeles, San Francisco, Chicago, and New York) reported clinics to provide low-cost dentistry established by philanthropic organizations or groups of dentists. Some of these clinics were supported almost entirely by fees collected from the patients. Four other cities (Detroit, St. Louis, New York, and Cleveland) have established, through the cooperation of the dental society and local social agencies, plans by which clients may be referred to cooperating neighborhood dentists for service at reduced fees after social rating has been made by an accepted agency.

An attempt has been made to learn the extent of dental facilities for preschool children in these cities. Four cities stated that they had no organized program for preschool children; four mentioned that they reached some preschool children through the summer round-up examinations. Clinic services that include preschool children were reported by Los Angeles County, San Francisco, Chicago, Baltimore, Boston, New York, and Cleveland. In most of these, however, the number of preschool children reached by the clinics is very small. *A Survey of Mouth Hygiene Programs for School Children: Section 1, Thirteen Largest Cities of the United States, by the Cleveland Child Health Association, 1001 Huron Road, Cleveland, 1937. 201 pp. Mimeographed.*

BOOK AND PERIODICAL NOTES

SOCIAL BEHAVIOR AND CHILD PERSONALITY; an exploratory study of some roots of sympathy, by Lois Barclay Murphy. Columbia University Press, New York, 1937. 344 pp.

. This study was sponsored by the Josiah Macy, Jr., Foundation and carried on at the Child Development Institute of Teachers College, Columbia University.

The focal point of the study is the analysis of children's responses to distress in other children as observed from the behavior of children in nursery school. Part 1 is concerned with the cultural setting, part 2 with an analysis of sympathetic behavior in nursery-school children from various angles, and part 3 with synthesis and interpretation of the findings. In the final chapter the author develops a theory of the development of sympathy.

THE RELATION OF ACCELERATED, NORMAL, AND RETARDED PUBERTY TO THE HEIGHT AND WEIGHT OF SCHOOL CHILDREN, by Herman G. Richey. Monographs of Society for Research in Child Development, vol. 2, no. 1, Serial No. 8. National Research Council, Washington, 1937. 67 pp.

This paper is concerned with the relation of precocious, normal, and retarded physiological maturation to the heights and weights of boys and girls at all ages from 6 through 17-18 years. The study indicates that:

> (1) Girls and boys who mature physiologically before 13 years are on the average heavier and taller at each age than those maturing between 13 and 14, or after 14 years.
>
> (2) Growth as measured by height and weight is slightly accelerated before puberty, but the decline in the rate after puberty is more marked than the earlier acceleration.
>
> (3) In addition, there are great differences in the heights and weights of the different maturity groups and also in the relation of weight to height.

The author concludes that no statement concerning overweight or underweight should be made without considering the factor of maturation.

TWENTY-FIVE YEARS OF HEALTH PROGRESS, by Louis I. Dublin, Ph.D., and Alfred J. Lotka, D.Sc. Metropolitan Life Insurance Co., New York, 1937. 611 pp.

This volume, addressed to health officers, physicians, sociologists, life-insurance officials, and others interested in the health and welfare of the wage-earning population, records the progress of public health during a quarter of a century (1911-35) as indicated by the mortality experience of the industrial policy-holders of the Metropolitan Life Insurance Company and by parallel data from general population and mortality statistics. The several chapters are devoted to an analysis of trends in general mortality, to the longevity through the quarter century, and to the trends and the factors underlying mortality from the principal diseases of childhood, from tuberculosis, influenza and pneumonia, cancer, the principal cardiovascular-renal diseases, diabetes, diseases of the puerperal state, other diseases of special interest, such as acute poliomyelitis and syphilis, and mortality from external causes including suicide, homicide, and accidental deaths. Each chapter contains many valuable statistical tables and charts.

The chapter on the principal communicable diseases of childhood and the chapter on the diseases of the puerperal state will be of particular interest to workers in the field of maternal and child health. The following paragraph on maternal mortality is particularly pertinent at this time:

> Taking into consideration the information available, it can be stated that maternal mortality is actually somewhat lower today than it was earlier in the century. The improvement, however, is at best slight and cannot, in any case, be considered adequate in the light of the advances made in medical science and practice during the same period. That thousands of American mothers are still needlessly being sacrificed each year is apparent from the fact that the puerperal death rate per 1,000 live births in this country is higher than that of most civilized nations and is virtually double that of Denmark, France, Italy, the Netherlands, Norway, or Sweden.

This volume was published as a limited edition. Copies have been presented to a select list of libraries and specialists in public health and allied fields.

HOME AND SCHOOL COOPERATION FOR THE HEALTH OF SCHOOL CHILDREN; a report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, with the cooperation of the National Congress of Parents and Teachers. National Education Association, 1201 Sixteenth St., Washington, 1937. 32 pp. 20 cents.

This report emphasizes the health of the whole child as the most important goal of the intelligent and socially minded community and indicates briefly the principles and practices which may guide parents and educators in effective cooperative effort toward the attainment of their common goal, optimum health for all school children.

Among the topics considered are physical education, sex education, safety education, and parent education. Under "Protection Against Strain," homework and extra-curricular activities are discussed.

CHILD LABOR

CHILD-LABOR TRENDS OF A DECADE[1]

Fifty-eight percent of the total population of the United States was included by the end of 1936 in the area from which the Children's Bureau receives regular reports of first employment certificates issued for children. These employment-certificate figures show the number of children in these areas legally leaving school for work for the first time in occupations for which employment certificates are required in the State where they live. They do not show by any means the total number of children employed in the United States.[2] Nevertheless, they constitute the best available annual index of trends in child employment.

The figures for the decade 1927 through 1936 are especially significant in view of the extreme variations in business conditions, general employment, and legislative standards affecting child employment during the period.

For children 14 and 15 years of age, the figures received from 33 cities of 100,000 or more population reporting for each year of the decade showed that 55,450 first regular employment certificates were issued in 1927. A slight decrease in 1928 was followed by an upswing paralleling the business boom in 1929. Analysis of monthly reports submitted by certain States and cities shows that in many localities child employment began to decline again as early as August 1929. This decline was accentuated during the depression years of 1930, 1931, and 1932.

In 1933, with the adoption under the National Industrial Recovery Act of national child-labor standards higher than most of the State standards, the trend of child employment for the first time diverged from the general economic trend. In the face of a sharp increase in general factory employment, the number of first regular employment certificates issued in these 33 representative cities, which had fallen to 23,393 in 1932, continued to fall. In 1933 it was 14,933 and in 1934, the only entire calendar year when the child-labor provisions of the NRA codes were in operation, the number of employment certificates issued in these cities fell to 4,737.

In order to show clearly the effect on child employment of the removal of national child-labor standards, following the invalidation of the NRA codes in May 1935, the figures for the post-NRA year, from June 1, 1935, to May 31, 1936, are preferable to those of the calendar year 1935.

TABLE 1.—NUMBER, RATE, AND PERCENT OF CHANGE—CHILDREN 14 AND 15 YEARS OF AGE FOR WHOM EMPLOYMENT CERTIFICATES WERE ISSUED, 1927 TO 1934 AND POST-NRA YEAR[a]

Year	Children 14 and 15 years of age for whom first regular employment certificates were issued		
	Number[b]	Number per 10,000 children of these ages	Percent of change in rate as compared with previous year
1927-----	55,450	920	------------
1928-----	52,351	844	- 8.3
1929-----	55,858	876	+ 3.8
1930-----	39,588	605	- 30.9
1931-----	30,428	456	- 24.6
1932-----	23,393	344	- 24.6
1933-----	14,933	222	- 35.5
1934-----	4,737	70	- 68.5
Post-NRA year[c]--	13,579	202	+188.6

[a] This table includes figures from 33 cities with 100,000 or more population (1930 census) reporting to the Children's Bureau each year of the period: Atlanta, Baltimore, Buffalo, Chattanooga, Chicago, Denver, Detroit, Fort Wayne, Grand Rapids, Indianapolis, Kansas City (Kans.), Knoxville, Los Angeles, Louisville, Lowell, Lynn, Minneapolis, Nashville, New York, Oakland, Omaha, Peoria, Providence, Rochester (N.Y.), St. Paul, San Francisco, Somerville (Mass.), South Bend, Springfield (Mass.), Washington (D. C.), Wichita, Wilmington (Del.), and Yonkers.

[b] Figures for Detroit, Grand Rapids, and Providence are for 15-year-old children; laws do not permit issuance of certificates for 14-year-old children.

[c] June 1935-May 1936.

In this post-NRA year the number of certificates issued in the 33 cities represented in table 1 rose to 13,579, an increase of 189 percent as compared with 1934. In the calendar year 1936, although in the latter part of that year New York and Rhode Island adopted a 16-year minimum-age standard, a total of 21,916 first regular employment certificates were issued in all the States and cities that reported to the Children's Bureau.[3]

---

[1] A more comprehensive report, including tables showing employment certificates issued by States and cities reporting to the Children's Bureau, is given in "Trend of Child Labor, 1927 to 1936," by Ella Arvilla Merritt, *Monthly Labor Review*, December 1937. Reprints of this article are available from the Children's Bureau while the supply lasts.

[2] These statistics do not include children employed in occupations for which employment certificates are not required (such as agriculture and domestic service in most States, and street trades in many States), nor children employed illegally; nor do the figures for any specified year show the number of children then working on certificates previously obtained.

Effectiveness of Legislative Restrictions

The direct result of the adoption of a 16-year minimum age for employment in most industries on a national basis under the NRA codes, as has been shown, was a drastic curtailment in the employment of children 14 and 15 years of age while the codes were in operation.

An indirect result of this national restriction on child labor was the stimulation of State legislation. Since 1932 a basic 16-year minimum age for employment has been established in six States in the reporting area: Wisconsin and Utah, in 1933; Connecticut and Pennsylvania, in 1935; and Rhode Island and New York, in 1936. In the last two States there was a decrease of 94 percent in the number of children going to work in the last 6 months of 1936 as compared with the last 6 months of 1935. In areas where the minimum age for employment was not raised, however, a comparison of the number of employment certificates issued in the same two periods shows an increase of almost 50 percent.

Employment of Minors 16 and 17 Years of Age

So far the employment of children 14 and 15 years of age only has been considered. To complete the picture it is important to consider also employment trends among minors 16 and 17 years of age, whose employment has remained for the most part unrestricted by legislation except in especially hazardous occupations. Employment-certificate information is less comprehensive for this group than for the younger children, because 16- and 17-year-old minors are not so generally required to obtain certificates before going to work. Figures for 18 cities that reported each year during the decade 1927-36 are available, however, and are shown in table 2.

At all times the trend of employment among 16- and 17-year-old minors, where legislative restriction was not a factor of importance, followed the general trend of business conditions. In 1933 and 1934, when under the operation of the NRA codes employment of younger children was lowest, these older boys and girls went to work in increasing numbers, and this increase continued, although less markedly, in 1935 and 1936.

TABLE 2.—NUMBER, RATE, AND PERCENT OF CHANGE—MINORS 16 AND 17 YEARS OF AGE FOR WHOM EMPLOYMENT CERTIFICATES WERE ISSUED, 1927-36[a]

Year	Minors 16 and 17 years of age for whom first regular employment certificates were issued		
	Number[b]	Number per 10,000 children of these ages	Percent of change in rate as compared with previous year
1927-----	28,893	1,362	-----------
1928-----	30,585	1,412	+ 3.7
1929-----	38,453	1,740	+23.2
1930-----	27,793	1,234	- 29.1
1931-----	23,403	1,022	- 17.2
1932-----	19,972	872	- 14.7
1933-----	21,977	952	+ 9.2
1934-----	26,754	1,159	+21.7
1935-----	27,100	1,174	+ 1.3
1936-----	[c]28,154	1,232	+ 4.9

[a] This table includes figures from 18 cities of 50,000 or more population (1930 census) reporting to the Children's Bureau each year of the period: Buffalo, Cincinnati, Columbus, Dayton, Grand Rapids, Hamtramck, Kalamazoo, Milwaukee, New Orleans, New York, Niagara Falls, Rochester, Saginaw, San Francisco, Springfield (Ohio), Toledo, Yonkers, and Youngstown.

[b] Figures for cities in Wisconsin and New York are for 16-year-old minors; laws did not require issuance of certificates for minors over 16 until September 1935 in Wisconsin and September 1936 in New York State. Figures for New Orleans are for girls only.

[c] Figures for Hamtramck are for 16-year-old minors only. Figures for San Francisco and the District of Columbia include certificates issued for work outside school hours and during vacation.

In 1936, in all the States and cities reporting to the Children's Bureau, a total of 96,258 minors 16 and 17 years of age were certificated for their first regular employment.

Occupational Shifts

A count of the children leaving school for work, however, does not tell the whole story. The kind of work these children find to do has a significance of its own in relation to the general economic milieu and in relation to the later industrial life of the children themselves. Analysis of the employment-certificate statistics shows that there is a characteristic occupational distribution for each age group and that this varies significantly from year to year. It is affected no doubt by trends in child-labor legislation. It also shows a relationship with economic trends and employment opportunities.

---

[3] 18 States and 50 cities of 25,000-50,000 population and 78 cities of 50,000 or more population in 21 other States.

In areas reporting occupations every year from 1929 to 1936 almost half (49 percent) of the 32,000 14- and 15-year-old children certificated in 1929 entered manufacturing and mechanical occupations. This percentage fell to 36 in 1932, when factory jobs were scarce because of the depression. In 1934, when the 16-year minimum-age standard of the NRA codes was in effect, children under 16 practically disappeared from the factories. Only 1 percent of the employment certificates issued for children in that year were for manufacturing and mechanical occupations. In 1935 the stream of child labor began to turn back toward the factory, and in 1936, 18 percent of the children for whom certificates were issued in these areas entered manufacturing and mechanical occupations.

In States and cities reporting occupations every year from 1929 to 1936 the percentage of minors 16 and 17 years of age who entered manufacturing and mechanical occupations dropped from 40 percent in 1929 to 28 percent in 1930 and 22 percent in 1931. It never fell so low as the percentage of children under 16, who were barred from factory work under the codes, but hovered around 14 percent during 1934 and 1935, and rose again to nearly 21 percent in 1936.

Most studies of child labor have dealt with the work of young persons in occupations commonly referred to as industrial and commercial; that is, in manufacturing and mechanical occupations, in stores, in messenger and delivery service, in office work, etc. Children going to work in such occupations are uniformly covered in nearly all States by employment-certificate laws; those entering domestic service and farm work, on the other hand, are subject to these laws in some States and exempted in others. Because of the resulting lack of uniformity in the reports of children going into domestic service and agriculture, it is pertinent to examine the relative proportions of children going to work in occupations exclusive of these two categories. In areas reporting occupations in 1936, employment certificates were reported for 9,452 children 14 and 15 and 46,503 children 16 and 17 years of age entering nondomestic and nonagricultural occupations. Of these, one-fifth of the younger children and approximately two-fifths of the older boys and girls entered manufacturing and mechanical occupations. About one-fourth in each age group entered mercantile work. The percentage of children taking up messenger and delivery work was about twice as large for the 14- and 15-year-old boys and girls as for those 16 and 17 years of age (35 percent as compared with 18 percent).

The Employment-Certificate System

The effectiveness of an employment-certificate system depends to a great extent upon the proof of age accepted. Reliable evidence of age is necessary if employment of children under the legal minimum age is to be prevented. The figures for the decade under consideration show an increase in the percentage of children certificated on the basis of birth certificates (which are accepted as the most reliable type of evidence) from 57 percent in 1927 to 67 percent in 1936.

The need for further legislative restrictions on the employment of children under 16 in States which have not yet adopted a 16-year minimum age for industrial employment is shown by the increases in employment certificates issued to children 14 and 15 years of age in these States in 1935 and 1936.

Increasing employment of boys and girls 16 and 17 years of age during the same period indicates the need for further attention to legislation regulating conditions of work for minors. In all States, and especially in States with a 16-year minimum-age law, the protection afforded by an employment-certificate system should be extended to minors 16 and 17 years of age. This not only helps to prevent employment of children under the legal age but also aids in the enforcement of protective laws affecting minors, such as those relating to hours of work and hazardous occupations. Through the employment-certificate system it is possible also to keep in touch with boys and girls entering occupational life and to offer them occupational guidance and counseling, placement service, and health supervision.

SOCIALLY HANDICAPPED CHILDREN

NEWS AND RESEARCH NOTES

Blue Ridge Institute report on delinquency prevention through community organization

A summary of the Jacksonville study of families of 100 delinquent youths, together with the committee findings of the Blue Ridge Institute (1937) for Southern Social-Work Executives, has been published under the title "Organizing the Community for Delinquency Prevention" (Bulletin No. 93, October 1937, Community Chests and Councils, 155 East 44th St., New York). The children studied include 46 Negro boys, 31 white boys, and 23 white girls committed from Jacksonville to State schools. Eighty-three of the children were 12 to 16 years of age.

The purpose of the study was "to determine whether the community could, in any manner, modify or improve its services so as to effect a reduction in the rate of juvenile delinquency," and also how the services of the county social agencies "might be coordinated to focus upon the problem of juvenile delinquency." A provisional report of a factual nature was prepared by the Jacksonville Council of Social Agencies (Juvenile Delinquency in Duval County, 1937; 97 pp.) and was used as a basis for study and discussion by four committees at the 1937 session of the Blue Ridge Institute. The four committees of the Institute were concerned with case work and relief; health; recreation and group work; and courts, probation, and parole.

Practically all the families in the study were in serious economic straits. Three-fifths of them were trying to live on an income below that set by the Federal Emergency Relief Administration for meeting minimum needs ($10.67 per week for a white family of three; $8.33 for a colored family of three).

In only 14 cases were the parents of the children married and living together. In nearly half of the families there was an official criminal record for one or more members. Among health problems of these families were found 28 cases of syphilis and 3 of gonorrhea; 11 cases of undernourishment and anemia; 6 cases of severe cardiac disorders; and 5 cases of tuberculosis. Housing was found to be inadequate, particularly among the Negro families.

Fully 88 percent of the families at one time or another had been under the care of one or more social agencies in Jacksonville. In 12 of the families, the first agency contact was made before the child was 5 years of age, and in 46 of the families when the child was less than 10 years of age. Relief and medical aid were the most frequent services rendered. Only 16 cases had received case-work services during the first year of contact.

The case-work committee of the Institute, on the basis of the data on these 100 children and their families, found that "the delinquent children's group is an indicator of a group of families in which there exists a wide range of problems and a high probability of serious outcome of the sort toward which the social services of the community should be directed."

All four committees agreed on the need for additional community services such as general family case-work service, children's case-work service, facilities for foster-home care and for care of Negro feeble-minded children, medical social service, and the extension of public-recreation, group-work, and camping facilities. Recommendations were also made looking toward the coordination of services of existing agencies.

Proceedings of National Conference of Jewish Social Welfare

The *Jewish Social Service Quarterly* for September 1937 (vol. 14, no. 1) contains the proceedings of the 1937 Indianapolis sessions of the National Conference of Jewish Social Welfare. This includes papers on institutional child care by Jacob Kepecs and by Jules Fank and Frank J. Cohen, and on foster-home child care by Helen Baum and Henrietta L. Gordon.

National Recreation Association honors Joseph Lee

The December 1937 issue of *Recreation* is devoted to articles in tribute to the life and work of Joseph Lee, who served as president and leader of the National Recreation Association from 1910 until his death in July 1937.

BOOK AND PERIODICAL NOTES

A. Social-Work Techniques

WHAT SOCIAL WORKERS SHOULD KNOW ABOUT ILLNESS AND PHYSICAL HANDICAP. Family Welfare Association of America, 130 East 22d St., New York, 1937. 78 pp. 60 cents.

The papers in this pamphlet are summaries of lectures given under the auspices of the Westchester County Council of Social Agencies to acquaint nonmedical social workers with the salient medical and social facts about the most common diseases. The lectures, given by physicians, are not technical in nature but emphasize the part the patient's attitude and environment play in the progress and treatment of his disease. Each physician's paper is followed by an amplification of the social aspects of the illness, presented by a medical social worker. One chapter deals with pediatrics and one treats the question of medical ethics, particularly the confidential nature of medical and social history and the resulting necessity for understanding thoroughly the doctor, patient, and social-worker relationships.

SOCIAL WORKERS AND THE FIGHT ON SYPHILIS, by Mazie F. Rappaport. *Councillor* (Baltimore Council of Social Agencies), vol. 2, no. 2 (June 1937), pp. 15-18.

This article points out that the social worker should try to develop a sense of social responsibility in the syphilis patient, and should follow up each case and help the patient overcome resistance to treatment.

B. Delinquency and Its Prevention

LATER CRIMINAL CAREERS, by Sheldon Glueck and Eleanor Glueck. Commonwealth Fund, New York, 1937. 403 pp. $3.

This is the first of several studies with which the authors hope to follow up their earlier study, "500 Criminal Careers," published in 1930. It reports an investigation into the later careers of 454 survivors of this group of young adult male offenders who had been committed to the Massachusetts Reformatory. With the financial aid of the Milton Fund of Harvard University and later of the Commonwealth Fund of New York, the authors undertook to re-study these men over a second 5-year period that had elapsed since their release in an effort to determine what changes occurred in their behavior.

Because the earlier study indicated that, with the passage of time, certain improvements occurred in the behavior of the men, the authors sought to discover whether the further passage of time brought about still further improvement. They believed that the answers to this and to related questions should be of significance in the solution of practical problems such as the desirable length of the "indeterminate sentence," and the length of time during which offenders of different types should be removed from the community.

During the second 5-year period 32.1 percent of the men were clearly nondelinquent as compared with 21.5 percent who were nondelinquent during the first period. General improvement, greater in some respects than in others, was noted in the second 5-year period "in all the major aspects of the lives of these men--in their family relationships, in the assumption of their economic responsibilities, in their industrial adjustments, in their use of leisure, and, most important, in the character and extent of their delinquent behavior."

Although a close relationship was found to exist between nondelinquency during the 10-year span and the favorable aspects of other major factors, the authors believed these findings did not justify any conclusion other than that good family relationships, the assumption of economic responsibilities, successful industrial adjustments, and wise use of leisure *accompany* nondelinquency. Comparing the characteristics of the men who reformed and those who continued to be delinquent they found that there was little difference between the characteristics and conditions of the two groups of men prior to their commitment. The few significant differences were in favor of those who reformed. After the expiration of their reformatory sentences, however, the differences between the groups became much greater and increased as time passed.

Examination of the 63 factors studied revealed that only within the factor of "aging" or maturation was significant explanation to be found for the increasing trend away from delinquent conduct. The authors found that "with two or three exceptions, improvement in all respects progresses and accumulates to about the thirty-sixth year of age, after which a marked decline sets in," which led them to believe it probable that those offenders who have not reformed by their thirty-sixth year are much less likely to do so thereafter.

It appeared "that the most marked difference between the reformed and unreformed lies in the factor of mental or emotional difficulties, as evidenced by the finding that only 15.2 percent of those who reformed were burdened with some psychiatric condition as opposed to 89.9 percent of those who continued to be delinquent or criminal." The authors therefore conclude, "it can safely be said that the failure to reform despite the aging process is in great measure chargeable to the influence of abnormal mental condition."

As a result of their study the authors ask whether it may not be that certain physical and psychologic changes occurring for a more or less definite span of time preceding and following the thirty-fifth year tend to explain the occurrence and accumulation of reform up to that age as well as the marked drop in its incidence thereafter, and discuss the possibility of developing and applying artificial substitutes for the maturation process through improvement in the existing sentencing, supervisory, and treatment practices.

In considering the effectiveness of delinquency-prevention programs, the authors infer that the children who respond favorably are likely to be those who were not delinquently inclined in the first place, and that even in the case of offenders who, because of mental taint, persist in wrongdoing, these programs may have value in reducing opportunities for antisocial expression. They conclude that "careful investigations into the traits of 'problem children,' and 'predelinquents' correlated with their subsequent evolution into criminals or noncriminals, are a crying need of the entire field of criminology.

A.S.N.

REPORT ON VICTORIAN CHILDREN'S COURTS FOR THE YEAR 1936. Children's Court Office, Titles Office, Melbourne, Australia, 1937. 15 pp.

In addition to statistics reported by children's courts for the year 1936, this report contains a summary of cases coming before these courts during the period 1927-36.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

OF CURRENT INTEREST

MOTION PICTURE ON "THE BIRTH OF A BABY"

An educational motion picture, "The Birth of a Baby," has been prepared under the direction of a subcommittee of the American Committee on Maternal Welfare, with Dr. Fred L. Adair as chairman. The object of the picture is to educate the public to the need for maternal care and the value of the physician's services.

The film was first shown to physicians attending the Atlantic City session of the American Medical Association. The plan is to show this picture before each State medical society and, in the larger cities, before the city or county medical society. After approval of the society has been obtained it will be possible to exhibit the film to groups of local physicians and, with whatever age restrictions may be recommended by the local medical society, to the public.

Delegates to the Conference on Better Care for Mothers and Babies called by the Children's Bureau for January 17-18 will have an opportunity to view "The Birth of a Baby." Inquiries in regard to this film should be addressed to Dr. Fred L. Adair, Chairman, The American Committee on Maternal Welfare, Inc., University of Chicago, Chicago, Ill.

CONFERENCE CALENDAR

Jan. 16-20	American Academy of Orthopedic Surgeons. First West-Coast meeting, Hotel Biltmore, Los Angeles, Calif. Secretary: Dr. Carl E. Badgley, 1313 East Ann St., Ann Arbor, Mich.
Jan. 29-31	Child-Labor Day. Information and materials (25 cents) from National Child Labor Committee, 419 Fourth Ave., New York.
Feb. 2	National Social-Hygiene Day. Information from American Social Hygiene Association, 50 West 50th St., New York.
Feb. 24-26	American Orthopsychiatric Association. Fifteenth annual meeting, Stevens Hotel, Chicago, Ill. Secretary: Dr. Norvelle C. LaMar, 210 East 68th St., New York.
Apr. 19-23	Association for Childhood Education. Forty-fifth annual convention, Netherland Plaza Hotel, Cincinnati, Ohio. Information: Mary E. Leeper, Executive Secretary, Association for Childhood Education, 1201 Sixteenth St., NW., Washington, D.C.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

CONFERENCE ON BETTER CARE FOR MOTHERS AND BABIES

January 17 and 18, 1938, Washington, D.C.
Called by the Chief of the Children's Bureau, United States Department of Labor

PROGRAM

Monday, January 17, 1938

Morning session

Presiding: KATHARINE F. LENROOT,
Chief of the Children's Bureau

Address of welcome
THE HON. FRANCES PERKINS, Secretary of Labor

The Need Today

Maternal and Child Health in Relation to the Health of All the People
THOMAS PARRAN, JR., M.D., Surgeon General, United States Public Health Service

What Is Good Care for Mothers and Babies?
JENNINGS LITZENBERG, M.D., Professor of Obstetrics and Gynecology, University of Minnesota Medical School
HORTON CASPARIS, M.D., Professor of Pediatrics, Vanderbilt University School of Medicine

What Is the Need Today?
MARTHA M. ELIOT, M.D., Assistant Chief of the Children's Bureau

Afternoon session

Presiding: MRS. J.K. PETTENGILL

What Is Involved In Extending Good Care to All Mothers and Babies?

Economic Resources and Ability To Secure Good Care
MORDECAI EZEKIEL, PH.D., Economic Adviser to the Secretary of Agriculture
A.F. HINRICHS, PH.D., Chief Economist, Bureau of Labor Statistics, United States Department of Labor

Professional Resources and Ability To Provide Good Care
M. EDWARD DAVIS, M.D., Associate Professor of Obstetrics and Gynecology, University of Chicago School of Medicine

Community Resources and Ability To Organize for Good Care
FELIX J. UNDERWOOD, M.D., Executive Officer, Mississippi State Board of Health

The Challenge to the Citizen
THE HON. FIORELLA H. LAGUARDIA, Mayor of New York City

Evening session

Presiding: MRS. J.K. PETTENGILL

Forum: How the Challenge May Be Met

Questions for discussion

To what extent is the public aware of the problem?

How can public awareness be stimulated?

What methods of coordinating citizen, professional, and official effort are most practical?

What provision can be made for continuing the work of the conference?

* * * * *

Tuesday, January 18, 1938

Morning session
(East room of the White House)

Presiding: KATHARINE F. LENROOT

Address
MRS. FRANKLIN D. ROOSEVELT

Symposium: What Is Being Done Today-- What Can Be Done Tomorrow?

Participants

MARTHA M. ELIOT, M.D., leader

B.F. AUSTIN, M.D., Director, Bureau of Hygiene and Nursing, Alabama Department of Public Health

VIRGINIA C. BAILEY, R.N., Public Health Nurse, Enosburg Health Unit, Vermont

JESSIE M. BIERMAN, M.D., Director, Child Welfare Division, Montana State Board of Health

RUBY BROUILLETTE, R.N., Public Health Nurse, Washington County, Iowa

BEATRICE E. TUCKER, M.D., Medical Director, Chicago Maternity Center

PHILIP F. WILLIAMS, M.D., Assistant Professor of Obstetrics, University of Pennsylvania School of Medicine

Address: The Goal We Seek
JOSEPHINE ROCHE

Afternoon session

Presiding: KATHARINE F. LENROOT

Summary of conference proceedings by the chairman

Reports of special committees

Report of committee on findings

U. S. GOVERNMENT PRINTING OFFICE: 1938

*9331.3 A7

Social Statistics

Supplement Number 2, December 1937

to

THE CHILD—Monthly News Summary
Volume 2, Number 6

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

SOCIAL-STATISTICS SUPPLEMENT

Number 2 December 1937

TO

THE CHILD—MONTHLY NEWS SUMMARY, VOLUME 2, NUMBER 6

CONTENTS

	PAGE
PRELIMINARY ANALYSIS OF GROUP-WORK STATISTICS REPORTED FROM URBAN AREAS, JANUARY-JUNE 1937	3
SOCIAL SERVICE EXCHANGE STATISTICS FOR 1935 AND 1936	8

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

PRELIMINARY ANALYSIS OF GROUP-WORK STATISTICS REPORTED FROM URBAN AREAS, JANUARY-JUNE 1937

Beginning in 1936, as an experimental part of its social-statistics project, the Children's Bureau arranged to receive monthly activity reports from approximately 400 local agencies engaged in group work and from a number of local councils of groups organized under 3 national programs maintaining national registers--the Boy Scouts, the Camp Fire Girls, and the Girl Scouts. All these agencies are located in the urban centers that form the registration area of the social-statistics project. Reporting for the year 1936 was considered entirely experimental and furnished the basis for revising schedules for use during 1937. The present preliminary analysis of certain reported data covers the period January through June 1937.

Agencies included in project

The precise boundaries of the field of group work have not yet been definitely established, and the social-statistics project makes no pretense of covering completely those activities that are generally classified in the group-work field. It was impractical, for example, to include activities that are not associated with an established institution or agency. The group activities of many agencies more or less formally organized are excluded from the records of the social-statistics project because of their sporadic occurrence, their slight individual significance, the failure of the sponsoring agency to submit reports, or some other real if not strictly logical reason. Thus the group activities of schools, churches, industrial organizations, and most public recreation departments are reflected only to a very limited extent in the statistical material gathered in connection with the project. For different reasons summer camps are excluded from the present plan of reporting.

The types of agencies reporting once or more during the period January-June 1937 are indicated in table 1. It will be seen that among the local groups settlements are by far the most numerous, making up approximately one-half of the total. Boy Scout councils are most numerous among the local councils under national programs that reported.

Table 1.--Number and types of agencies supervising group activities which have submitted one or more monthly reports to the Children's Bureau for the months January-June 1937, and number of urban areas represented

Type of organization	Number of agencies or councils	Urban areas represented
(1)	(2)	(3)
Local agencies engaged in group work.........	329	[a] 32
Settlements.................	160	28
Boys' Clubs.................	13	10
Y. M. C. A..................	26	17
Y. W. C. A..................	38	26
Salvation Army..............	7	5
Public recreation...........	31	9
Other.......................	54	23
Local councils under national programs.....	82	[a] 31
Boy Scouts..................	33	28
Girl Scouts.................	30	29
Camp Fire Girls.............	19	16

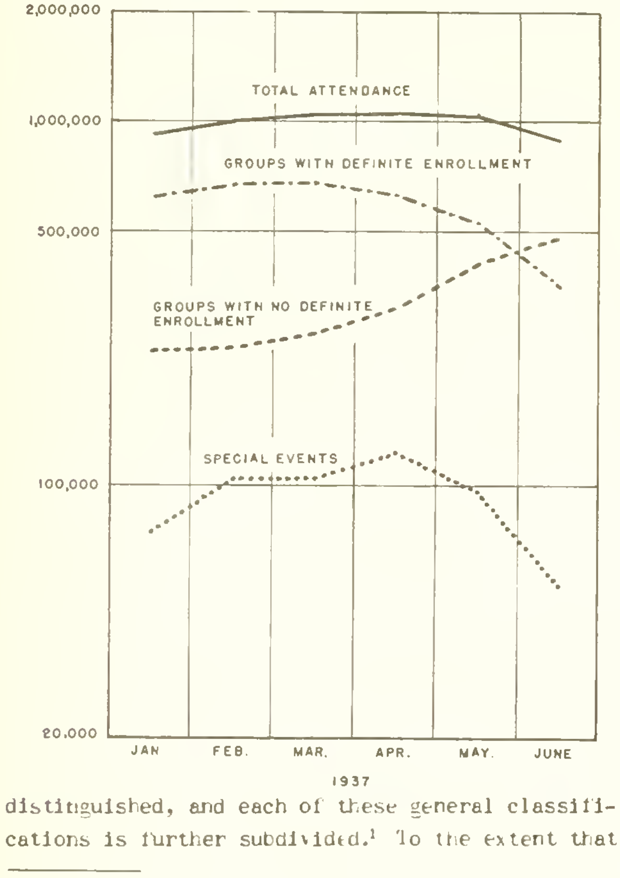
[a] Unduplicated.

It is apparent from this discussion that the material now being received in connection with the Children's Bureau experiment in group-work reporting does not indicate the total volume of group work within the registration area. This goal may not even be approximated for some years. The experiment will be justified, however, if it helps to demonstrate the importance of group work as a type of welfare activity, indicates the manner in which agency programs operate, and assists in the development of reporting and operating standards.

Nature of material reported

The activities of local agencies are customarily described in terms of attendance at meetings or gatherings. For this reason, in requiring monthly reports from local agencies, emphasis is placed on number of gatherings and on attendance, although membership figures are also required from those groups for which they are appropriate. Gatherings are classified as to type, with regularly scheduled activities and special events clearly distinguished, and each of these general classifications is further subdivided.[1] To the extent that groups organized under national programs are sponsored by, or use the facilities of, settlements and other local agencies included in the project, their activities are reflected in the statistics presented by these local agencies. However, the amount of duplication resulting from this arrangement is believed to be very small.[2]

CHART 1.—ATTENDANCE OF GROUPS WITH AND WITHOUT DEFINITE ENROLLMENT AND AT SPECIAL EVENTS AS REPORTED BY 200 LOCAL AGENCIES, JANUARY-JUNE 1937



The groups organized under national programs rely as a rule on established memberships, and their activities are usually measured in these terms. With the development of group-work reporting, attendance at gatherings is becoming of great importance, but many of the groups organized under national programs are not yet able to supply data on attendance. At the present time, therefore, there is available no common denominator through which the activities of local groups and those organized under national programs may be compared.

GROUP-WORK STATISTICS OF 200 LOCAL AGENCIES

Of the local agencies reporting, 200 submitted sufficiently complete reports for the purpose of this analysis.[3] Of these 108 are settlements.

Fluctuations in attendance from January to June 1937

During the first 6 months of 1937 attendance[4] at meetings and gatherings of the 200 agencies

---

[1] Certain additional information is also requested. Sample copies of schedules and instructions used by the Children's Bureau will be supplied without charge upon request.

[2] A sample check indicates that only 2 percent of the membership reported to the Children's Bureau by the three national programs is represented in groups sponsored by the local agencies reporting group activities from the same areas.

[3] The cities in which one or more of these agencies are located are as follows: Atlanta, Birmingham, Boston, Bridgeport, Chicago, Cincinnati, Cleveland, Columbus, Dallas, Dayton, Denver, Des Moines, Detroit, Hartford, Indianapolis, Kansas City, Mo., Los Angeles, Milwaukee, Minneapolis, Newark, New Haven, New Orleans, Omaha, Providence, Richmond, St. Paul, Sioux City, Washington, D.C., Wilkes-Barre.

[4] Attendance figures include members as well as visitors and represent aggregates, not different persons. Thus the same person attending a class 4 times during the month is counted as 4 in the monthly attendance report. The figures include the attendance at sessions of regularly scheduled groups with and without definite enrollment and attendance at special events.

The number of visitors included in the attendance of groups with definite enrollment is showed comparatively little irregularity, as is apparent from chart 1. Rising from 935,514 in January, the total attendance reached a peak of 1,057,782 persons in April and dropped off in June to 892,955.

Attendance figures when presented separately for regularly scheduled groups with definite enrollment, regularly scheduled groups without definite enrollment, and special events show marked irregularities. It is found that attendance of groups with definite enrollment reached a peak of 683,527 persons in March and decreased to 359,738 in June. Attendance of groups without definite enrollment rose from a low point of 233,482 persons in January to 479,823 in June. Playground activity, classified under regularly scheduled groups with no definite enrollment, had an important effect on the attendance figures for such groups. Attendance at playground activities rose from the low point of 67,299 persons in February to 343,738 in June. Attendance at special events showed the greatest fluctuation of the three principal types of groups during the 6-month period, reaching a total of 123,964 in April and decreasing to 53,394 in June (chart 1).

Attendance in settlements included among the reporting agencies showed somewhat less fluctuation during the period than did that for all agencies together, varying only from 501,923 persons in January to 564,001 in March.

Types of groups during April 1937

For a smaller number of local agencies that reported more detailed attendance figures, certain additional tabulations have been prepared for the month of April 1937. It is recognized that, because of the operation of important seasonal influences, no one month is entirely typical of the period. However, April--one of the middle months and the month in which total attendance was greatest--appears to be most appropriate for further study. In this month the relative importance of attendance at regularly scheduled groups with definite enrollment was approximately equal to the average for the period, and the importance of the various types of groups within this general class is believed to be fairly representative for the period as a whole.

In table 2 are given the figures for 181 agencies that reported attendance at gatherings in considerable detail. In these agencies attendance at regularly scheduled groups with definite enrollment amounted to 62 percent of the total attendance during April, with clubs and classes each accounting for more than one-third of all attendance of this general type. Regularly scheduled groups without definite enrollment and special events accounted for 26 and 12 percent, respectively, of the total attendance.

Table 2.--Attendance by type of group as reported by 181 local agencies for April 1937

Type of group	Attendance: Number of persons	Attendance: Percent distribution
(1)	(2)	(3)
All types...............	882,836	100
Regularly scheduled groups, with definite enrollment.....	546,449	62
Clubs.....................	203,791	23
Classes...................	194,934	22
Teams.....................	54,214	6
Special-interest groups....	42,174	5
Intergroup committees and councils.................	6,082	1
Groups organized under national programs.........	18,045	2
All others................	27,209	3
Regularly scheduled groups, with no definite enrollment..	232,540	26
Special events...............	103,847	12

Sessions per group and attendance per session, April 1937

Data on number of sessions per group indicate that classes had the most frequent meetings--an average of 4.8 sessions per group for the month of April. Clubs and teams each averaged 3.2 sessions per group, and the regularly scheduled groups with

---

less than 6 percent of the total attendance of these groups, according to a sample tabulation made for 1 month. Although not reported the number of visitors included in the attendance figures of regularly scheduled groups without definite enrollment and of special events is probably of greater relative importance.

no definite enrollment averaged 3.0 sessions. The various types of special events averaged 1.4 gatherings during the month.

When number of sessions is compared with total attendance, interesting data on the size of these groups are obtained. The average number in attendance per session for classes was 13 persons; clubs averaged 20 persons; and attendance of groups engaged in activities with no definite enrollment was about twice as large, being 37 persons. The largest groups were the special events, which showed an average of 78 persons per session. These data are presented in table 3.

Table 3.--Average number of sessions per group and average attendance per session in specified types of group activities reported by 181 local agencies engaged in group work, during April 1937

Type of group (1)	Average number of sessions per group (2)	Average number of persons per session (3)
Regularly scheduled groups, with definite enrollment.....	4.0	17
Clubs.....................	3.2	20
Classes...................	4.8	13
Teams.....................	3.2	25
Special-interest groups....	4.2	14
Intergroup committees and councils.................	1.4	12
Groups organized under national programs.........	4.7	16
All others................	14.3	23
Regularly scheduled groups, with no definite enrollment..	3.0	37
Special events...............	1.4	73

Membership of agencies compared with attendance at regularly scheduled groups

All discussion to this point has been on the basis of attendance, either in total or at special types of groups. Since the inherent duplications in such attendance figures are numerous, data on membership are of special interest. Membership, however, does not rest on the same basis from agency to agency, or, in fact, from group to group within a given agency. Membership may depend on attendance at a minimum number of sessions of a group, on the payment of a membership fee, on the demonstration of interest in a program, or on various other circumstances. Likewise, rules for dropping members from the roster may vary from group to group and from agency to agency. If due account be taken of these inherent difficulties, however, some rough indication of the relation between membership and attendance (which, as previously stated, includes visitors as well as members) may be obtained from a group of 127 agencies reporting an unduplicated count of members as of the last day of April 1937.

Only the attendance at regularly scheduled groups is taken into account in this comparison. Attendance at special events is not included. These 127 agencies, which reported a total attendance of 505,695 at regularly scheduled groups during the month, reported an unduplicated count of 113,677 members as of the last day of April. Thus the ratio of attendance to members for the month was roughly 4.5 to 1.

Children participating in group activities

Through membership reports it is possible to obtain a rough indication of the proportion of children participating in group activities. In the 127 agencies reporting membership for the month of April, 59 percent (67,465) of the total memberships were held by children under 18 years of age. For settlements alone the percentage was 66. Although substantiating data are lacking, the proportion of children in total attendance at group activities is believed to be much higher.

LOCAL GROUPS ORGANIZED UNDER NATIONAL PROGRAMS

Slight increases in membership[5] during the period January-June 1937 were shown in reports of the local groups organized under national programs in certain urban areas reporting to the Bureau.[6]

---

[5] Membership in the three national programs mentioned here is on a yearly-fee basis, which in itself tends to stabilize the membership totals. Membership is reported for girl or boy members, leaders of groups, and "all others." The last classification includes persons variously designated as local council members, committee members, commissioners, and sponsors. These and leaders of groups are excluded from the membership figures presented here. An indication of the percentage of girl and boy members of these programs being reported to the Bureau may be obtained from the following national membership figures: Boy Scouts, at the close of 1936, 824,462; Girl Scouts, at the close of 1936, 320,104; Camp Fire Girls, at the beginning of 1936, 143,884.

Table 4.--Number of local councils under three national programs that reported to the Children's Bureau, boy or girl membership, number of groups, and average size of groups, January-June 1937

Program	Number of councils that reported	Membership of councils[a]	Number of groups supervised by councils[a]	Average number of members per group
(1)	(2)	(3)	(4)	(5)
Boy Scouts of America.........	21	60,845	2,570	24
Girl Scouts......	25	38,365	1,922	20
Camp Fire Girls..	14	12,189	899	14

[a] Averages based on data reported as of the last day of the month, January-June 1937.

Boy Scout membership reported by 21 councils ranged from a low of 59,932 in March to 62,577 in June. Girl Scout membership reported by 25 councils varied from 37,736 in January to 39,377 in June, and Camp Fire Girl membership reported by 14 councils varied from 11,270 in January to 13,120 in June. The rise in membership toward the end of the period is believed to reflect in part the increased outdoor activity of these programs.

On the average, for the period covered, the Boy Scouts reported 24 members per group; the Girl Scouts, 20 members; and the Camp Fire Girls, 14 members. These averages and the figures upon which they are based are shown in table 4.

Table 5.--Number and percent distribution of junior and all other groups supervised by councils under three national programs that reported to the Children's Bureau, January-June 1937

Program	Groups reported by national programs					
	Total		Juniors		All others	
	Number	Percent	Number	Percent	Number	Percent
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Boy Scouts of America..	2,570	100	219	8	2,352	92
Girl Scouts..	1,922	100	300	16	1,622	84
Camp Fire Girls.......	899	100	147	16	753	84

The three national organizations have separate programs for junior groups. In the Boy Scouts, juniors include children 8 years of age but under 12; in the Girl Scouts, 7 but under 10; and in the Camp Fire Girls, junior members are 8 but under 10. The number and percent of junior groups and of all other groups in the three programs are shown in table 5.

---

[6] The cities from which reports have been included in the present tabulations are as follows:

Boy Scouts--Akron, Birmingham, Boston, Cincinnati, Denver, Des Moines, Detroit, Duluth, Grand Rapids, Los Angeles, Milwaukee, Minneapolis, Newark, New Haven, Providence, Richmond, Wilkes-Barre.

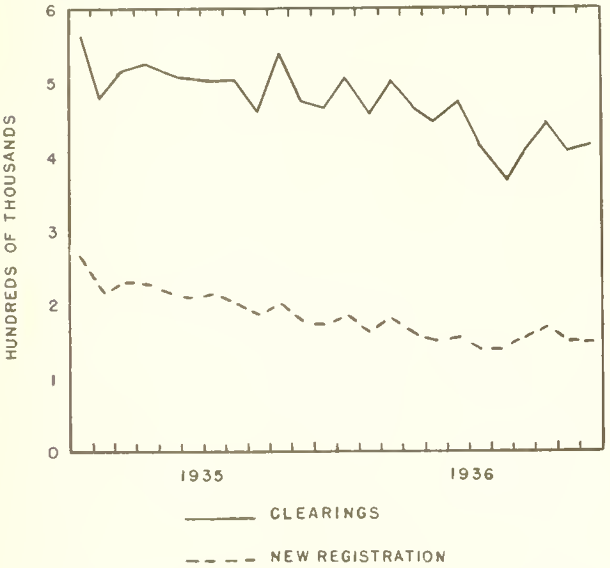
Girl Scouts--Akron, Atlanta, Birmingham, Boston, Bridgeport, Cleveland, Columbus, Dallas, Denver, Des Moines, Detroit, Duluth, Indianapolis, Los Angeles, Milwaukee, Newark, New Haven, New Orleans, Omaha, Providence, Richmond, St. Paul, Sioux City, Washington, D.C.

Camp Fire Girls--Atlanta, Cincinnati, Columbus, Dallas, Denver, Detroit, Grand Rapids, Los Angeles, Minneapolis, Omaha, St. Paul.

SOCIAL SERVICE EXCHANGE STATISTICS FOR 1935 AND 1936

A general downward trend is indicated in total clearings and new registrations reported monthly by 50 social-service exchanges during 1935 and 1936 (chart 2). The decrease from 1935 to 1936 in the total number of clearings amounted to 12 percent, and the decrease in the total number of new registrations amounted to 25 percent.[7]

CHART 2.--TOTAL NUMBER OF CLEARINGS AND NEW REGISTRATIONS IN 50 SOCIAL-SERVICE EXCHANGES BY MONTHS DURING 1935 AND 1936



Social service exchange statistics have been reported to the Children's Bureau since 1934 as part of its project for the registration of social statistics. The exchanges of 69 urban areas are cooperating in reporting.[8] Beginning in 1936 information has been included on the reports that makes it possible to show separately the extent to which public and private agencies have utilized the services offered by the exchanges.

Wide variation is found among the individual exchanges in the percentage of change from 1935 to 1936 in the volume of total clearings and of new registrations (table 6, pp. 10-11). Forty exchanges show decreases ranging from 6 percent to 63 percent in the total number of clearings; 10 exchanges show increases ranging from 3 percent to 52 percent. The number of additions to the exchange file, however, as measured by new registrations, showed an increase in only four exchanges. In 33 exchanges the percentage of new registrations to total clearings is less for 1936 than for 1935.

Variations in the proportion of total clearings made during 1936 for public and private agencies by the 50 individual exchanges are also indicated in table 6 (see pp. 10-11). In 16 exchanges from 75 to 91 percent, and in 23 exchanges from 50 to 74 percent, of total clearings were made for public agencies.

Table 7, giving total clearings by type, shows that the decrease in total clearings from 1935 to 1936 was mainly the result of a reduction in the number of new registrations. Decreases also occurred from 1935 to 1936 in the number of reregistrations of an individual or a family by the same agency, clearings for information only, clearings to establish the identity of relatives, and clearings for the entry of additional information on a previous registration. The number of clearings for the cancelation of an agency's previous registration and the number of clearings classified as research studies increased. New registrations formed 41 percent of total clearings in 1935 as compared with 35 percent in 1936. All other types showed a relative importance for 1936 equal to or greater than that for 1935, cancelations showing the greatest relative gain.

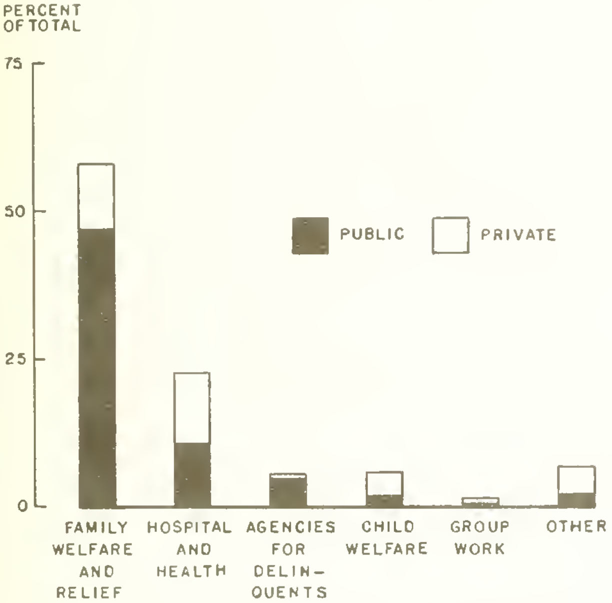
---

[7] A clearing is counted each time the exchange file is consulted as a result of an agency's inquiry concerning an individual or a family. A new registration is counted only if the clearing results in adding to the exchange file information regarding an individual or a family not previously registered by the inquiring agency.

[8] Twenty-five of these areas report only the activities of their social-service exchanges and are not included in the general registration area.

Chart 3 illustrates the proportion of total clearings made for public and for private social agencies of specified types. These data are taken from reports of 53 social-service exchanges that submitted sufficiently complete data for 1936. Of the total clearings for all types of agencies, 66 percent were made at the request of public, and 34 percent at the request of private, organizations. As would be expected, the proportions differ widely for the individual types of agencies. Among family-welfare and relief agencies and agencies caring for delinquents, the proportion of clearings made for public agencies was greater than that for private agencies. The reverse was true for child-welfare agencies, hospital and other health agencies, agencies engaged in group work, and those classified as "other types of agencies."

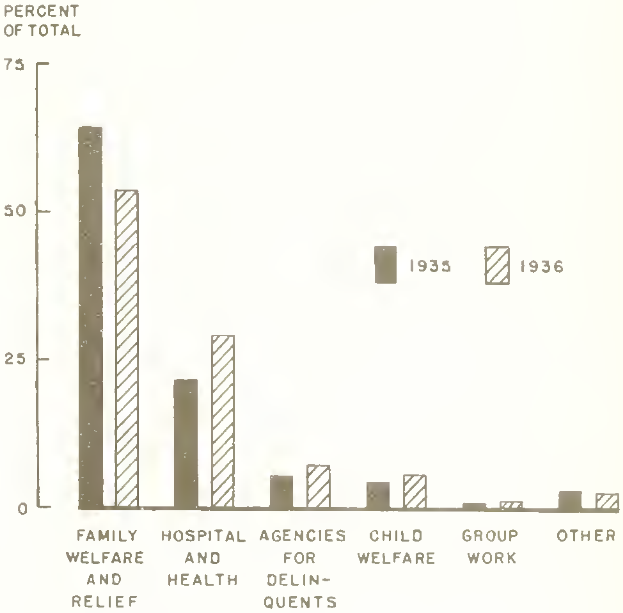
CHART 3.—PERCENTAGE DISTRIBUTION OF TOTAL CLEARINGS FOR SPECIFIED TYPES OF PUBLIC AND PRIVATE AGENCIES IN 53 SOCIAL-SERVICE EXCHANGES DURING 1936



A further analysis of new registrations by type of agency making the registration reveals that the decrease occurred entirely in family-welfare and relief agencies and in agencies classified as "other" types. The number of new registrations made by the remaining types of agencies for 1936, especially by those providing group-work services, exceeded those for 1935 (table 8, p. 12).

The relative importance of new registrations made by the various types of agencies changed materially between the two years under consideration (chart 4). New registrations made by family-welfare and relief agencies were only 54 percent of the total for 1936 as compared with 65 percent of the total for 1935. New registrations made by hospital and health agencies formed 22 percent of the total clearings of this type in 1935 and 29 percent in 1936. Increases in relative importance of registrations made by child-welfare agencies, agencies caring for delinquents, and agencies engaged in group work were also shown for 1936 as compared with 1935.

CHART 4.—PERCENTAGE DISTRIBUTION OF NEW REGISTRATIONS BY TYPE OF AGENCY IN 50 SOCIAL-SERVICE EXCHANGES DURING 1935 AND 1936



An analysis of reports submitted by a few exchanges shows that the classification of clearings by types of agencies is not uniform, and that variations from area to area and from year to year may reflect, in part, differences in classification. Large public agencies with great similarity of organization and function, for example, may be considered in one area as a single agency of one type and in another as a group of departments each engaged in a separate type of service. Juvenile-court cases and cases of aid to dependent children also may be handled quite differently in the several areas. A great deal of interest has been shown in recent efforts to discover such differences in classification practice and to establish standard statistical procedures.

Table 6.--Number of clearings and new registrations made by 50 social-service exchanges for public and private agencies during 1935 and 1936

City and State	Clearings				New registrations				Percentage of new registrations in clearings		Percentage of change from 1935 to 1936	
	1935	1936			1935	1936						
	Total	Total	Percentage		Total	Total	Percentage				Clearings	New registrations
			Public	Private			Public	Private	1935	1936		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Total	6,047,608	5,301,486	70	30	2,503,466	1,880,175	69	31	41	35	-12	-25
Akron, Ohio	45,736	31,159	81	19	22,481	15,097	73	27	49	48	-32	-33
Albany, N. Y.	25,707	28,904	49	51	8,584	6,065	43	57	33	21	+12	-29
Atlanta, Ga.	86,514	66,451	76	24	33,212	24,946	68	32	38	38	-23	-25
Baltimore, Md.	196,475	149,325	73	27	37,081	32,509	75	25	19	22	-24	-12
Birmingham, Ala.	85,066	36,321	85	15	46,382	26,538	85	15	55	73	-57	-43
Bridgeport, Conn.	5,673	8,187	33	67	4,210	6,017	36	64	74	73	+44	+43
Buffalo, N. Y.	143,904	129,065	83	17	64,474	44,537	73	27	45	35	-10	-31
Canton, Ohio	18,992	12,103	68	32	8,279	5,773	69	31	44	48	-36	-30
Chicago, Ill.	483,668	603,350	85	15	191,623	161,773	77	23	40	27	+25	-16
Cincinnati, Ohio	149,966	135,231	67	33	62,022	54,516	70	30	41	40	-10	-12
Cleveland, Ohio	270,465	235,274	77	23	128,826	92,304	69	31	48	39	-13	-28
Columbus, Ohio	43,137	35,043	48	52	26,483	21,668	44	56	61	62	-19	-18
Dallas, Texas	73,819	49,064	63	37	37,012	27,923	60	40	50	57	-34	-25
Denver, Colo.	37,385	31,508	61	39	25,074	19,370	47	53	67	61	-16	-23
Des Moines, Iowa	45,205	36,467	83	17	21,639	10,623	66	34	48	29	-19	-51
Detroit, Mich.	218,782	224,516	75	25	78,956	74,486	72	28	36	33	+3	-6
Duluth, Minn.	42,456	35,165	60	40	7,163	6,822	66	34	17	19	-17	-5
El Paso, Texas	15,914	13,768	77	23	7,522	8,550	84	16	47	62	-13	+14
Grand Rapids, Mich.	31,907	23,743	68	32	15,392	10,964	59	41	48	46	-26	-29
Hartford, Conn.	33,128	50,499	33	67	14,806	12,911	55	45	45	26	+52	-13
Houston, Texas	70,205	39,162	70	30	22,190	21,214	59	41	32	54	-44	-4
Kalamazoo, Mich.	14,022	5,130	62	38	4,736	2,762	61	39	34	54	-63	-42
Kansas City, Mo.	120,165	76,793	50	50	67,062	46,447	39	61	56	60	-36	-31
Lancaster, Pa.	10,797	6,914	77	23	10,050	5,225	76	24	93	76	-36	-48
Los Angeles, Calif.[a]	333,133	222,757	79	21	195,620	116,656	83	17	59	52	-33	-40

Milwaukee, Wis.	120,567	112,502	74	26	55,453	47,197	70	30	46	42	-7	-15
Mineola, N. Y.	58,352	51,744	91	9	22,430	20,862	86	14	38	40	-11	-7
Minneapolis, Minn.	146,457	155,577	52	48	43,743	49,249	75	25	30	32	+6	+13
Newark, N. J.	93,094	82,436	66	34	71,512	57,291	79	21	77	69	-11	-20
New Haven, Conn.	32,792	27,331	68	32	11,514	10,158	66	34	35	37	-17	-12
New Orleans, La.	137,447	111,844	83	17	53,135	31,336	76	24	39	28	-19	-41
New York, N. Y.	553,136	569,199	74	26	314,319	242,761	77	23	57	43	+3	-23
Norfolk, Va.	23,900	14,983	49	51	19,136	11,562	50	50	80	77	-37	-40
Omaha, Nebr.	99,014	89,548	65	35	51,018	41,364	83	17	52	46	-10	-19
Pasadena, Calif.	14,803	11,599	63	37	12,313	7,962	55	45	82	69	-22	-35
Philadelphia, Pa.	639,719	544,268	70	30	166,534	101,337	63	37	26	19	-15	-39
Pittsburgh, Pa.	242,078	198,239	45	55	91,561	74,636	45	55	38	38	-18	-18
Providence, R. I.	52,155	55,959	48	52	16,499	19,462	60	40	32	35	+7	+18
St. Louis, Mo.	375,480	216,889	73	27	85,175	43,828	66	34	23	20	-42	-49
St. Paul, Minn.	91,759	127,749	72	28	19,581	15,806	57	43	21	12	+39	-19
San Francisco, Calif.	135,226	190,702	37	63	78,280	67,635	51	49	58	35	+41	-14
Seattle, Wash.	137,538	93,820	85	15	57,875	37,786	84	16	42	40	-32	-35
Sioux City, Iowa	8,803	7,073	90	10	6,602	4,113	87	13	75	58	-20	-38
Springfield, Mass.	21,621	16,974	17	83	13,186	12,136	19	81	61	71	-21	-8
Syracuse, N. Y.	48,017	45,033	55	45	20,194	17,273	57	43	42	38	-6	-14
Tacoma, Wash.	47,469	40,265	80	20	19,358	14,182	82	18	41	35	-15	-27
Tulsa, Okla.	37,460	21,425	62	38	10,017	8,883	60	40	27	41	-43	-11
Washington, D. C.	159,632	137,191	46	54	48,316	40,300	44	56	30	29	-14	-17
White Plains, N. Y.	41,046	30,694	80	20	32,222	20,770	84	16	79	68	-25	-36
Wilkes-Barre, Pa.	127,822	62,543	63	37	42,614	26,590	55	45	33	43	-51	-38

---

[a] Includes clearings made by the Long Beach exchange from January 1935 through March 1936, after which time Long Beach made its clearings through the Los Angeles exchange.

Table 7.--Total clearings of specified types in 50 social-service exchanges during 1935 and 1936

Type of clearing	Number		Percentage change from 1935 to 1936	Percentage distribution	
	1935	1936		1935	1936
(1)	(2)	(3)	(4)	(5)	(6)
Total clearings	6,047,608	5,301,486	-12.3	100.0	100.0
New registrations	2,503,466	1,880,175	-24.9	41.4	35.5
Reregistrations	474,158	449,996	-5.1	7.8	8.5
Information only	859,485	764,458	-11.1	14.2	14.4
Relatives	931,001	818,459	-12.1	15.4	15.4
Additional information	947,645	881,145	-7.0	15.7	16.6
Cancelations	249,410	405,520	+62.6	4.1	7.7
Research studies	82,443	101,733	+23.4	1.4	1.9

Table 8.--New registrations by type of agency in 50 social-service exchanges during 1935 and 1936[a]

Type of agency	Number		Percentage change from 1935 to 1936	Percentage distribution	
	1935	1936		1935	1936
(1)	(2)	(3)	(4)	(5)	(6)
Total	2,536,495	1,910,683	-24.7	100.0	100.0
Family welfare and relief	1,647,127	1,025,528	-37.7	64.9	53.7
Child welfare	108,940	112,174	+3.0	4.3	5.9
Hospital and health	549,029	555,505	+1.2	21.6	29.1
Agencies for delinquents	139,591	142,225	+1.9	5.5	7.4
Group work	19,460	22,376	+15.0	0.8	1.2
Other	72,348	52,875	-26.9	2.9	2.7

[a] Because of differences in the amount of detail reported, one exchange included in tables 6 and 7 is omitted from this table, while one exchange omitted from tables 6 and 7 is included in this one; this substitution accounts for the variation in the annual totals of new registrations.

Published under authority of Public Resolution No. 57, approved
May 11, 1922 (42 Stat. 541), as amended by section 307 Public
Act 212, approved June 30, 1932 (47 Stat. 409). This publica-
tion approved by the Director, Bureau of the Budget May 12 1936

U. S. GOVERNMENT PRINTING OFFICE : 1938

3

*9331.2 [illegible]

THE Child

Monthly News Summary

JANUARY
1938

Volume 2

Number 7

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

MAR 25 1938

THE CHILD Monthly News Summary

Volume 2 January 1938 Number 7

CONTENTS

PAGE

MATERNAL AND CHILD HEALTH

President's Greeting to Conference - - - - - - - - - - 140
The Conference on Better Care for Mothers and Babies - - - - - 141
Report of the Committee on Findings - - - - - - - - - 143
Facilities and Resources for Maternal Care, compiled by Edythe P. Hershey, M.D. - - - - - - - - - - 147
Health Needs of Northeastern Oklahoma, by Lewis K. Sweet, M.D. - - - - 151
Book and Periodical Notes - - - - - - - - - - - - 153

CHILD WELFARE

Child-Welfare Services in the Five-County Demonstration Area of Oklahoma - - - - - - - - - - - - 155
Child-Welfare Services in Rural Areas - - - - - - - - - 156
TENNESSEE
DELAWARE

CHILD LABOR

Income and Living Conditions of Sugar-Beet Laborers' Families - - - - - 157
News and Reading Notes - - - - - - - - - - - - 159
FEDERAL COMMITTEE ON APPRENTICE TRAINING
THE PROSPECT FOR YOUTH
Book and Periodical Notes - - - - - - - - - - - - 160

SOCIALLY HANDICAPPED CHILDREN

Book and Periodical Notes - - - - - - - - - - - - 161

OF CURRENT INTEREST

Assistant Secretary of Labor Appointed - - - - - - - - - 162
Cooperative Health-Unit News - - - - - - - - - - - 162
Convalescent Center for Wisconsin Children - - - - - - - - 162
Postgraduate Course on Syphilis Offered in New York - - - - - - 162
Child-Guidance Programs Broadcast - - - - - - - - - - 162
First Venezuelan Child Congress - - - - - - - - - - 163
Twenty-fifth Anniversary of Department of Labor - - - - - - - 163
"Safeguard Baby's Right To Be Born Healthy" - - - - - - - 163
CONFERENCE CALENDAR - - - - - - - - - - - - - - 164

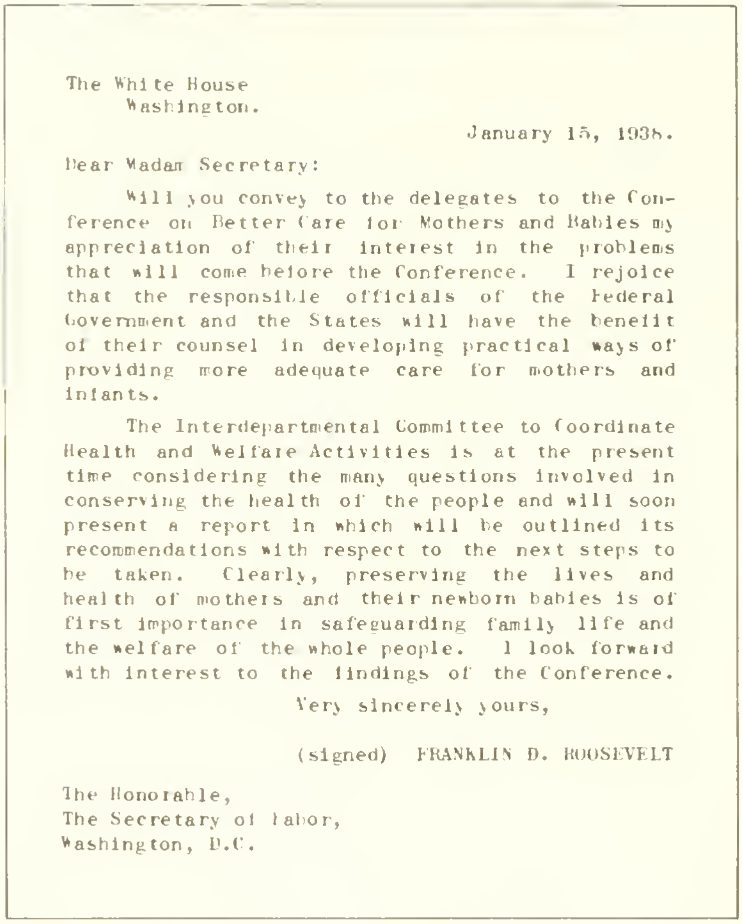
For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

◆

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

◆

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY



The White House
Washington.

January 15, 1938.

Dear Madam Secretary:

Will you convey to the delegates to the Conference on Better Care for Mothers and Babies my appreciation of their interest in the problems that will come before the Conference. I rejoice that the responsible officials of the Federal Government and the States will have the benefit of their counsel in developing practical ways of providing more adequate care for mothers and infants.

The Interdepartmental Committee to Coordinate Health and Welfare Activities is at the present time considering the many questions involved in conserving the health of the people and will soon present a report in which will be outlined its recommendations with respect to the next steps to be taken. Clearly, preserving the lives and health of mothers and their newborn babies is of first importance in safeguarding family life and the welfare of the whole people. I look forward with interest to the findings of the Conference.

Very sincerely yours,

(signed) FRANKLIN D. ROOSEVELT

The Honorable,
The Secretary of Labor,
Washington, D.C.

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 7 January 1938

MATERNAL AND CHILD HEALTH

THE CONFERENCE ON BETTER CARE FOR MOTHERS AND BABIES

Delegates from 45 States, Alaska, Hawaii, and the District of Columbia to the number of nearly 500 were registered for the Conference on Better Care for Mothers and Babies held in Washington, January 17 and 18, 1938. Leading medical, health, nursing, civic, labor, farm, and religious organizations of the United States were represented on the planning committee for the Conference, of which Mrs. J.K. Pettengill of the National Congress of Parents and Teachers was chairman; Dr. Fred L. Adair, Professor of Obstetrics and Gynecology, University of Chicago School of Medicine, vice-chairman; and Mrs. Nathan Straus of the National Council of Jewish Women, secretary.

At the opening session Katharine F. Lenroot, Chief of the Children's Bureau, who called the Conference, stated that its purpose was to consider the existing resources for the care of mothers and newborn infants in the United States, the extent to which maternal and infant mortality may be reduced, the measures successfully undertaken in certain localities and among certain groups, and the ways by which such services may be made everywhere available.

The Secretary of Labor made an address of welcome and read a greeting from President Roosevelt. She emphasized the fact that in securing good care for mothers and babies one of the difficult problems we have to solve is that of the economic resources available, and commended the Conference for giving equal weight to the discussion of economic resources, professional resources, and community resources for good care. She quoted findings of a recent investigation of the Bureau of Labor Statistics showing that about one-third of the wage earners' families find their incomes insufficient to meet the minimum requirements of their standard of living, and that food and rent claim so much of the family income that there is relatively little left for clothing, for house furnishings, or for medical care.

Dr. Thomas Parran, Jr., Surgeon General, United States Public Health Service, stressed the significance of the campaign against syphilis in relation to the saving of maternal and infant life and pointed out that the infant and maternal-health program is an integral part of the whole public-health program, which is concerned increasingly with positive health.

What constitutes good care for mothers and babies was described by Dr. Jennings Litzenberg, Professor of Obstetrics and Gynecology, University of Minnesota Medical School, and by Dr. Horton Casparis, Professor of Pediatrics, Vanderbilt University School of Medicine.

Dr. Martha M. Eliot, Assistant Chief of the Children's Bureau, speaking on What Is the Need Today, reported the results of a questionnaire on resources and facilities for maternal care sent by the Children's Bureau to all State and Territorial health officers in 1937 and said that only two State health officers replied that they considered the facilities in their States satisfactory. Dr. Eliot also announced figures just released from the Bureau of the Census showing that 12,182 mothers died in 1936, giving for that year a rate of 57 per 10,000 live births. This is one point lower than the rate for 1935 (58 per 10,000 live births).

What is involved in extending good care to all mothers and babies was discussed from the point of view of economic, professional, and community resources. Economic resources were described by Dr. Mordecai Ezekiel, Economic Adviser to the Secretary of Agriculture, and Dr. A.F. Hinrichs, Chief Economist, Bureau of Labor Statistics, United States Department of Labor. Professional resources were considered by Dr. M. Edward Davis, Associate Professor of Obstetrics and Gynecology, University of Chicago School of Medicine, and by the following discussants: Dr. Fred L. Adair, Hazel A. Corbin, Dr. George M. Lyon, and Dr. C. Rufus Rorem. On the subject of community resources the speaker was Dr. Felix J. Underwood, Executive Officer, Mississippi State Board of Health, with discussion by Dr. E.L. Bishop, Dr. Harry S. Mustard, and Dr. Carl V. Reynolds.

Mayor Fiorello H. LaGuardia described the development of health centers in New York City and stressed the importance of universal health service, since "microbes don't recognize State lines." If a community fails to give proper health service, Mayor LaGuardia pointed out, the Federal Government should step in to protect the rest of the country.

The evening session was devoted to a forum on the subject, How the Challenge May Be Met, with Mrs. J.K. Pettengill presiding. The questions for discussion were as follows: To what extent is the public aware of the problem? How can public awareness be stimulated? What methods of coordinating citizen, professional, and official effort are most practical? What provision can be made for continuing the work of the Conference?

At the invitation of Mrs. Franklin D. Roosevelt, the Tuesday morning session of the Conference was held in the East room of the White House. Mrs. Roosevelt, who had expected to address the meeting, was obliged to be away from the city, but her cousin, Mrs. Warren Delano Robbins, and her son, James Roosevelt, welcomed the delegates. The session took the form of a symposium and the participants were: Dr. Martha M. Eliot, leader; Dr. B.F. Austin, Director, Bureau of Hygiene and Nursing, Alabama Department of Public Health; Virginia C. Bailey, R.N., Public Health Nurse, Enosburg Health Unit, Vt.; Dr. Jessie M. Bierman, Director, Child Welfare Division, Montana State Board of Health; Ruby Brouillette, R.N., Public Health Nurse, Washington County, Iowa; Dr. Beatrice E. Tucker, Medical Director, Chicago Maternity Center; and Dr. Philip F. Williams, Assistant Professor of Obstetrics, University of Pennsylvania School of Medicine.

Josephine Roche, Chairman of the Interdepartmental Committee to Coordinate Health and Welfare Activities, closed the session with an address on The Goal We Seek, in which she said:

> More important even than the specific provisions of the Social Security Act and the aid they are bringing in special fields, such as that discussed in this Conference, is the underlying philosophy of that great act, that human welfare, human conservation is definitely a charge on Government--National, State, and local.

At the final session of the Conference, on the afternoon of January 18, the reports of four committees appointed at the opening session were read and made part of the record of the Conference. These committees were as follows:

Committee on Professional Resources
Robert L. DeNormandie, M.D., Chairman

Committee on Community Resources
Felix J. Underwood, M.D., Chairman

Committee on Resources of Citizens' Groups
Harriet Elliott, Ph.D., Chairman

Committee on Findings
Fred L. Adair, M.D., Chairman

Copies of the reports in mimeographed form were distributed to the delegates.

The report of the Committee on Resources of Citizens' Groups contained the following recommendation for future procedure:

> The Committee on Resources of Citizens' Groups recommends that this Conference make provision for a continuing committee, the chairman of this committee to be appointed by the chairman of the Conference and the chairman of the Conference planning committee. It is the hope of the Conference that each organization represented in the Conference will appoint a member to serve on this continuing committee.
>
> The function of this committee would be to give clearance service to the participating organizations, to provide the organizations with material for study, and to assist in the effort to increase public interest in better care for mothers and babies. It may also consider the legislation which may be deemed necessary to advance this work, and when such legislation has been prepared, provide a means through which organizations endorsing the legislation may act in supporting the measure.

It was the sense of the group that increased cooperation between citizens and professional groups, voluntary and official agencies, is desirable; that the continuing committee should give attention to ways by which increased opportunities may be provided for coordinating the activities of Federal, State, and local groups.

This recommendation, since it lay within the field on which the delegates were authorized to act, was put to a vote and adopted by the Conference.

The reports of the four committees were presented to President Roosevelt by the following committee: Katharine F. Lenroot, Mrs. J.K. Pettengill, Fred L. Adair, M.D., Felix J. Underwood, M.D., Mrs. Charles W. Sewell, Martha M. Eliot, M.D.

REPORT OF THE COMMITTEE ON FINDINGS

The Committee on Findings, after reviewing the information placed before the Conference on Better Care for Mothers and Babies and the reports of special committees, presents to the Conference its statement of findings and suggested plan of action submitted below. The statement is based upon the premise that the continuance and vigor of American civilization depends primarily upon the extent to which the lives and health of newborn infants and their mothers are safeguarded. That the subject of the Conference is one of universal interest and concern is indicated by the following:

> In more than 2,000,000 families in the United States in a single year the birth of a child is the most important event of the year.
>
> In more than 150,000 of these families the death of the mother or the newborn baby brings tragedy.

Unnecessary Loss of Maternal and Infant Life

Each year more than 14,000 women in the United States die from causes connected with childbirth, leaving at least 35,000 children motherless; more than 75,000 infants are stillborn; and more than 69,000 infants die during the first month of life.

An uncounted number of other women are injured in health and children are handicapped in growth and development as a result of conditions associated with maternity.

There has been little reduction in the maternal mortality rate during the 22 years for which records are available. Though the death rate from toxemias of pregnancy shows a tendency to decline, there is no comparable reduction in the death rate from infection (sepsis) or hemorrhage in the country at large.

Committees of physicians in many parts of the country, after careful evaluation of the causes of death of individual mothers, are reporting that from one-half to two-thirds of maternal deaths are preventable.

The stillbirth rate has apparently remained unchanged.

The death rate for infants in the first year of life has steadily declined during the 22 years for which records are available. There has been little decline in the death rate for the first month of life, which accounts for nearly half the total loss of life in the first year.

There has been no decline in mortality on the first day after birth.

More than one-half the deaths in the first month are deaths of premature infants.

Thus the area in which the least ground has been gained in the saving of infant life is the mortality associated with the complications of pregnancy and labor and conditions of early infancy.

Opportunities for Saving Life

It has been repeatedly demonstrated that the application of medical knowledge and professional skill can save the lives of mothers and babies. Community resources, both public and private, can be organized to make such knowledge and skill available when needed. It is known that--

> *Preconceptional and premarital care* will help to safeguard the mother from possible later disaster.
>
> *Good prenatal care* will reduce the deaths of mothers from toxemia and will mean fewer deaths

of infants. Adequate preconceptional and prenatal treatment of syphilis will improve the mother's condition and prevent syphilis in the child. Prevention of premature birth will measurably reduce the risk to the infant's life and improve his chance for normal development. The opportunity for prenatal supervision prepares the physician to deal intelligently with conditions of birth.

Good medical and nursing care and good technique at the time of delivery and the opportunity for good hospital care when needed will to a large extent prevent or control sepsis and hemorrhage which endanger the life of the mother.

Skillful care at birth will increase the child's chance to live and develop normally and will to a large extent prevent injuries which result in serious handicaps. Breast feeding and the continuance of careful supervision throughout the neonatal period, especially for infants prematurely born, will further decrease infant mortality.

Adequate postpartum care and follow-up care of the mother will protect her from unnecessary disability and even death. It will also enable her to nurse and give better care to her baby.

The conditions favorable to preserving the lives and health of mothers and newborn infants include the following:

Parents who are well informed and provided with proper food, rest, and living conditions.

Cooperation of the father, who helps the mother to carry out good health measures during the childbearing period.

Adequate medical and nursing supervision and care during pregnancy, labor, and the postpartum and postnatal periods.

Breast feeding followed by proper and sufficient food, and an environment free from infection.

Periodic examination and advice by a physician trained in care and feeding of the infant.

Hospital care for illnesses necessitating treatment not available in the home.

Consultation services of a specialist as needed, including obstetrician, pediatrician, internist, dentist, and others in the various medical and surgical specialties.

Good hospital care when indicated by medical need or inadequate home facilities.

It is estimated that of the more than 2,000,000 births, approximately 840,000, or more than one-third, occur annually in families which are on relief or have total incomes (including home produce) of less than $750 a year. One hundred and ninety thousand of these births occur in medium-sized or large cities. Six hundred and fifty thousand occur in rural areas and cities of less than 50,000 population.

In 1935, 14 percent of all live births in the United States occurred in the six most prosperous States, i.e., those with the highest per capita incomes, which received 27 percent of the total income. Fourteen percent of all live births occurred in the six poorest States, which received only 5 percent of the total income.

In 1930, 19 percent of all live births occurred in 10 States which had only 14 percent of the population of employable ages (20-64) in the United States. Twenty-nine percent of all live births occurred in 10 other States which had 36 percent of the population of employable ages.

In 1930 there were only 26 children under 1 year of age per 1,000 adults of employable ages (20-64) in urban areas in the United States, but 38 in rural nonfarm areas and 45 on farms.

Even within individual States the highest birth rates generally prevail in the areas where economic conditions are least favorable. In New York State in 1930 the 9 counties judged to have the lowest planes of living had an average birth rate of 19.4 per 1,000 population, while the 16 counties with the highest planes of living had a birth rate of 17.1. In Mississippi the birth rate for the 45 counties with the lowest planes of living was 25.0, while that for 6 counties with the highest was 21.9.

Inadequacy of Medical and Nursing Care

In some areas there are too few general practitioners to meet the need and in many more areas there are too few specialists in obstetrics and pediatrics.

The number of nurses in rural areas is still far below the number necessary if reasonably good maternity care is to be given.

Opportunities to enable medical students and physicians and nurses, both student and graduate, to take full advantage of current medical knowledge as to care of mother and child are insufficient.

Although the facilities for prenatal care have been expanding steadily, both in the private physician's practice and in prenatal clinics, and this expansion is reflected in the reduction of deaths from toxemia, records still show that many women have no prenatal care and many others have inadequate care.

While certain communities through public and private effort have provided a physician's care and hospital care for mother and child at birth, when such care cannot be paid for by the family, there has been no widespread effort on a national scale to make medical and nursing care at time of delivery generally available either in the home or in the hospital for mothers in families which cannot obtain such care unaided.

A quarter of a million women were delivered in 1936 without the advantage of a physician's care; more than 15,000 had no care except that of the family or neighbors.

Health officials report that many women do not obtain or even seek a physician's care before and at delivery because of inability to meet the expense.

For the great majority of the 1,000,000 births attended each year in the home by a physician there is no nurse to aid in caring for the mother and the child.

In many communities facilities for hospital care are still lacking or are at a minimum. About 200,000 births occur each year in families which live at least 30 miles from a hospital, frequently under transportation conditions which make it impracticable to take the mother to a hospital in emergency.

In urban areas in 1936, 72 percent of the births occurred in hospitals; in rural areas in the same year 14 percent of the births occurred in hospitals.

Many hospitals serving rural areas and small cities report that their maternity facilities are not used to capacity because of the inability of families to pay for such care.

Recent Advances

There has been, especially during the last 30 years, a great advance in medical research related to the physiology and pathology of maternity and early infancy, the education of physicians and nurses in the care of the mother and child, and educational phases of public-health programs for promoting the hygiene of maternity and infancy, and provision of facilities for care.

Increasing opportunity for improving the basic maternal and child-health services has been given in the last 2 years through Federal grants to the States under the Social Security Act, title V, part 1.

Reports from public and private agencies show notable advance in provision of facilities for prenatal care, postnatal care, organization of community services, participation by local physicians, nurses, and interested nonprofessional workers, and education of personnel. On the other hand, resources for medical supervision and care of mothers and children who are unable to obtain such care are poorly developed in many areas. Funds have not been sufficient to provide medical and nursing care at delivery except to a limited extent on an experimental basis.

Plan of Action

The Committee finds that preserving the lives and health of mothers and babies is of such importance to all the people that it warrants immediate and concerted national consideration and national action.

The principal objectives to be sought are the following:

Full opportunity for practical instruction in obstetrics and the care of the newborn infant—

> For undergraduate students in medical schools, for physicians resident in hospitals, and periodically for practicing physicians in postgraduate courses.
>
> For the student nurse and at recurrent intervals for the graduate nurse or the public-health nurse whose work includes maternity nursing in private practice or in public-health service.

Supervision of the mother throughout pregnancy by a qualified local physician aided by a public-health nurse, preferably one with recent training in obstetrics and care of newborn infants.

Care at delivery by the same qualified local physician, aided by a nurse trained and experienced in delivery nursing care, such care to be given in the home or in an approved hospital provided with adequate obstetric and pediatric services and facilities for caring for emergency or complicated cases.

Postpartum and postnatal medical and nursing supervision in the hospital and the home.

Consultation service by obstetricians and pediatricians to aid general practitioners in their care of mothers and infants.

Community provision for care by a qualified physician and nurse, for consultation service, and for hospital care when indicated, including transportation to the hospital, for the mother or baby to whom such care is otherwise inaccessible or who cannot obtain care unaided.

Further progress toward these objectives can be made through concerted effort of all concerned with maternal and infant care as follows:

By increasing professional resources through--

Better *undergraduate* education and training for nurses and practitioners of medicine;

Better *graduate* educational facilities for nurses and physicians;

Adequate provision for training of nurses and physicians for special obstetric and pediatric service;

Better distribution of competent physicians;

More specially trained graduate public-health nurses;

Greater facilities for education of physicians and nurses to be made available by hospitals caring for maternity cases.

By developing in both cities and rural areas complete service for mothers and newborn infants through the utilization of available competent service under both public and private auspices, of extension and improvement of public services not adequate to meet the need--

The local community to provide maternal and infant care as needed, as part of its public-health responsibility;

The State to give leadership, financial assistance, specialized service, and supervision in the development of local services;

The Federal Government to assist the States through financial support, research, and consultant service.

The committee finds that if this plan of action is to be carried out, Federal participation would be necessary as follows:

Amendment to title V, section 502, of the Social Security Act to authorize a larger sum to be appropriated annually to the States for maternal and child-health services with provision that the increased payments to the States should be used for the improvement of maternal care and care of newborn infants.

The authorization should provide for gradual development of the program, in both its educational and its administrative aspects, and for necessary increases in appropriation until a sum is reached that will insure care for all women who are unable to obtain care otherwise, either because of economic reasons or because of inaccessibility of care in the communities in which they live.

The extent to which this plan can be made a reality depends upon the desire of the public to be adequately served, the leadership of the professional groups in the provision of service of high quality, and the development by public agencies, in cooperation with private agencies and individuals, of a program of education and medical and nursing care which will meet the needs of the various groups in the population.

The Committee on Findings has reviewed and endorsed the reports of the Committee on Professional Resources, the Committee on Community Resources, and the Committee on Resources of Citizens' Groups.

FRED L. ADAIR, M.D., Chairman
American Committee on Maternal Welfare

E.L. BISHOP, M.D.
Director of Health, Tennessee Valley Authority

ELIZABETH CHRISTMAN
National Women's Trade Union League

DOROTHY DEMING, R.N.
National Organization for Public Health Nursing

HENRY F. HELMHOLZ, M.D.
American Academy of Pediatrics

C. RUFUS ROREM, PH.D.
American Hospital Association

MRS. CHARLES W. SEWELL
Associated Women of the American Farm Bureau Federation

FACILITIES AND RESOURCES FOR MATERNAL CARE

Ed. note.--In April 1937 the State and Territorial health officers, in conference with the Children's Bureau, recommended that a questionnaire dealing with resources and facilities for maternal care and care of newborn infants be sent to each State and Territorial health officer. Answers to this questionnaire were received from 47 States, the District of Columbia, Alaska, and Hawaii. The summary of these answers, compiled by Edythe P. Hershey, M.D., Consultant in Maternal and Child Health, U.S. Children's Bureau, reveals some of the many problems that must be considered in a study of the maternal-care program in the United States.

I. Is it your opinion that the facilities and resources for maternity care meet the needs in your State, particularly in cities of less than 50,000 population in rural areas?

Forty-one health officers gave the opinion that facilities and resources for maternal care do not meet the needs in their States. Six additional answers were qualified, but implied by such comments as the following that needs are not being met fully: "almost" -- "not entirely" -- "facilities fair, resources inadequate" -- "yes, except for those unable to pay" -- "yes, for medical care but not for delivery and nursing service" -- "with modern transportation and adequate service in most small towns care can be obtained without difficulty." No answer to this question was received from one State. In two States the opinion was given that needs were being met. However, in these two States the additional data given in the reply to the questionnaire did not confirm this opinion.

From the answers to this question it would appear that facilities and resources for maternal care do not fully meet the needs in any State.

II. Is there a sufficient number of--
(a) general practitioners doing obstetrics?

In 17 States the number of general practitioners doing obstetrics was reported to be insufficient, and from 4 others the reply was: "probably" -- "perhaps, but of what quality" -- "assume there is" -- "probably, but distribution only fair." Three States failed to answer this question. In 26 States, according to the replies received, there is a sufficient number of general practitioners doing obstetrics.

(b) specialists in obstetrics?

The number of specialists in obstetrics was reported to be insufficient in 40 States. Three other replies were: "only four listed in American Medical Association directory" -- "within 25 or 50 miles" -- "specialists in one city, M.D.'s in two other cities." Two failed to answer this question. Five States replied that the number of specialists in obstetrics is sufficient.

The remarks that accompanied the replies throw considerable light on the reasons for the insufficient number of obstetric specialists, and in some cases of physicians practicing obstetrics, especially in rural areas.

Some remarks stressed economic conditions:

> "Most rural communities cannot support a specialist" -- "repeated crop failure in much of State is a factor" -- "rural sections populated by tenant farmers and Negroes unable to support specialists" --"lack of men with special training for care in low-wage and indigent group" -- "physicians can barely make a living; some have left; few are replacing them."

In other cases the principal difficulty seems to lie in the distances to be traveled and in the concentration of specialists in the cities:

> "All obstetric specialists in one city; none in rural areas or other cities" -- "great distances from patient to doctor due to sparsity of population" -- "specialists concentrated in large cities -- cannot make a living in small community" -- "physicians in general are concentrating in towns and leaving rural areas" -- "some people 30-40 miles from a doctor" -- "larger towns well-provided with physicians" -- "innumerable villages have neither doctor nor nurse" -- "physicians forsaking country practice."

A third group of replies stressed the inadequacy of the qualifications and training of many physicians practicing obstetrics:

> "Many physicians still in practice who have no hospital training in obstetrics; majority have not improved their training in this field" -- "lack of men with special training in obstetrics" -- "average age of physicians in rural areas 57.5 years" -- "inadequacy is more one of quality than quantity; more study of obstetrics is needed by general practitioners" -- "medical men inadequately trained in home treatment of normal obstetric cases and in management of abnormal cases."

It is evident that a study of distribution of physicians who practice obstetrics and of specialists in obstetrics should be made. The area and population served as well as the number of births in the area should be considered. Such study would indicate in which areas consultation services are not available and the number of physicians is not sufficient.

III. Is bedside-nursing service for delivery care provided? If so, for what percent of the deliveries? (This question was intended to indicate whether nursing service for delivery care was provided through the State health department for those who were unable to provide such service for themselves.)

Thirty-four replies stated that this service is not provided. One State did not answer the question. One State has a survey now in progress, and the answer given by one State was not applicable. The remaining 13 replies indicated that while some bedside nursing at delivery is provided this service reaches only a very small percentage of maternity cases and is exceptional rather than organized service. In only one State is there a nursing service provided on a State-wide basis and this is for a low-wage group. Four States referred to service given in one or two demonstration counties, and several States referred to nursing service available through agencies such as visiting-nurse associations, life-insurance companies, or the Office of Indian Affairs.

IV. If midwives are an important element in maternity care in your State (a) is the training of midwives satisfactory? (b) is supervision of midwives satisfactory?

Answers are recorded here only for the 18 States for which the United States Bureau of the Census reported 5 percent or more of deliveries attended by midwives in 1936. Of these, 15 States reported training for midwives to be unsatisfactory. One State reported that training is fair, and only 2 States reported that training is satisfactory.

Fourteen States reported supervision of midwives to be unsatisfactory. Two States reported supervision fair, and two States reported supervision satisfactory.

Fourteen of the 18 States considered reported that both training and supervision of midwives are unsatisfactory.

V. What financial resources are available in your State for the provision of medical and nursing service in the home, when the family is unable to provide it? (Cities of 50,000 or more population excluded.) Describe and specify source of funds.

Fifteen States reported that no funds are available for medical or nursing care in the homes. Ten States reported that although some medical service is available through county physicians or through local welfare or relief agencies, no nursing service is available. Answers to this question were not received from two States. Twenty-three States reported that some medical and nursing care is available. Funds available in the 23 States reporting some provision for maternal care in the homes come largely through town or county welfare or relief boards. The comments made indicate that provision for care varies greatly in the different localities in the States and that responsibility for providing such care is considered primarily a local problem. As expressed in one reply: "Funds are available through 'haphazard' will and ability of welfare officers and determined efforts of some of the county health officers and nurses."

The available funds reported are primarily and almost entirely for persons on relief. Funds administered through the Resettlement Administration, State Emergency Relief Administration, Federal Emergency Relief Administration, Works Progress Administration, public-welfare boards, county trustees, overseers of the poor, visiting-nurse associations, and the Red Cross were mentioned. In demonstration areas in a few States services are rendered through funds available under the Social Security Act. It will be noted that relief funds referred to are largely emergency funds which have been drastically reduced and in some areas eliminated. One State referred to the fact that, with the passage of an old age assistance amendment, relief funds were materially reduced and that, since such funds were the only source from which medical care of any kind could be provided, the needs cannot be met. In most communities the use of relief funds is limited to persons on relief rolls. Many maternity cases occur in families not eligible for relief but without money to pay for medical care.

VI. Hospitalization (especially for women living in rural areas or in smaller cities): (a) Is the geographic distribution of hospitals having obstetric service satisfactory?

In 33 States the distribution was not considered satisfactory. Two States did not reply and 15 replies stated that the distribution of hospitals is satisfactory. Some comments on this question are quoted below:

> "Yes, if maternity homes are included" -- "yes, if patronized" -- "only eight hospitals in the State that meet the requirements of the American College of Surgeons" -- "27 out of 99 counties

have no approved hospital" -- "72 out of 120 counties have no hospital, and many of the hospitals are privately owned and operated" -- "in some counties the distance to a hospital may be 50 to 100 miles" -- "many persons in eastern and mountainous districts are 100 to 200 miles from any hospital facilities; limited number of beds available for obstetric cases" -- "no hospital obstetric service is available to rural colored population of 14,000" -- "in most county hospitals there is no general allotment for maternity beds, and usually there are no special rooms for delivery" -- "for the most part smaller hospitals do not adhere to rules of isolation of obstetric service set up by American College of Surgeons" -- "in only one county is there provision for part-pay or free care in hospitals for maternity cases for rural or semirural areas."

(b) Is the number of beds for obstetric cases sufficient to meet the needs?

In 28 States the number of beds for obstetric cases was not considered sufficient. Seven replies were indefinite. Two States did not report on this question. Thirteen States reported the number to be sufficient.

(In 1936 only 14 percent of the women delivered in rural areas were delivered in hospitals. There undoubtedly will be a difference of opinion as to the number of beds needed. Quality is perhaps more important here than quantity. If a hospital does not meet the standards for obstetric service set forth by the American College of Surgeons or the American Hospital Association, the mother is probably safer in the home unless conditions make home delivery wholly undesirable, or unless complications are encountered that cannot be handled in the home.)

(c) Estimated percentage of hospitals that receive obstetric cases

(1) without specialized obstetric consultants available?

Eleven States reported that none of the hospitals in rural areas and small cities have obstetric consultants available, although in one of these States the opinion had been given earlier in the report that facilities were adequate to meet the needs. Twenty-two additional States reported that one-half or more of the hospitals are without obstetric consultants. Eleven State health officers either did not have data to answer this question or gave an indefinite reply. One State reported that a study is being made. Five States reported that less than half of the hospitals do not have obstetric consultants available. (The District of Columbia reported that this service is available in all hospitals.)

(2) without specialized pediatric consultants for newborn infants?

Ten States reported that none of the hospitals in rural areas and small cities have pediatric consultants available, although in one of these States the opinion had been given earlier in the report that facilities were adequate to meet the needs. Twenty-two additional States reported that one-half or more of the hospitals are without pediatric consultants. Twelve State health officers either did not have data to answer this question or gave an indefinite reply. One State reported that a study is being made. Five States reported that less than half of the hospitals do not have pediatric consultants available. (The District of Columbia reported this service in all hospitals.)

III. To what extent are there financial resources to provide free or part-pay care in hospitals for maternity cases in rural or semirural areas? Specify source of funds.

Twenty-nine States replied that there are no funds available to provide free or part-pay care in hospitals for maternity cases, other than those provided through local county welfare or relief boards. Six States did not reply to this question, and the question was not applicable in the District of Columbia. One State is making a study of funds available for maternity care. Thirteen States reported that there had been some legislation and that appropriations had been made to subsidize hospitals for care of those unable to pay.

Three States reported that free or part-pay maternity cases are referred to the teaching hospital of the State medical school. However, because of the problem of transportation and limited available funds such hospitals serve a limited surrounding area rather than the whole State.

The law in one State, which provides for medical care for indigents, gives preference to maternity cases and care of children (tuberculous, venereal, or mental cases are not eligible.

One State makes an appropriation ($4,000 yearly) to a nonprofit association lying-in hospital. One State appropriation allows each county $1,000 for general medical care. The fee for delivery is $10 in town, $15 in the country, and $2.15 per day for hospitalization.

It will be noted that some States have already recognized the need for providing for maternity care, even though the actual appropriations made are sufficient for only a small percentage of those who should be given care but cannot pay in whole or in part for hospitalization.

The comments accompanying the answers to this question indicate that provision for care varies widely in counties throughout the State and brought out the fact that hospitalization is provided in many instances only for emergency cases and that provision made for care rests largely with the local welfare or relief boards.

VIII. Specify counties or areas of your State in which increased provision for maternity care is needed most.

The answers to this question varied from specification of one county to the entire State or large areas in the State. States that have suffered from drought, floods, or crop failures reported widespread need, as did States with large, sparsely settled rural areas without hospital facilities or adequate distribution of physicians.

SUMMARY.-- The summary of the answers to this questionnaire may serve to indicate some of the problems of maternal care. It is practically impossible to define the needs of the State as a whole except in very general terms. Each State differs because of geographic location, variations in density of population, topography, variations in social and economic conditions, character of population, distribution of hospitals and physicians, and variations in local relief policies and public-health administrations. In like manner do areas or counties within each State vary. But all have the common problem of providing adequate maternal care and reducing maternal and infant death rates to an irreducible minimum. This cannot be done until careful studies are made of existing facilities and resources in each community. These programs, like any public-health program, must be based only on sound premises and upon thoroughly trustworthy and competent analysis of fact.

The findings as reported clearly demonstrate that further data must be obtained if there is to be a competent analysis of fact. Several States have studies under way to collect data necessary for the further understanding of facilities and resources available for maternal care in the State and in local communities.

Excerpts from the comments accompanying the questionnaire tell their own stories. Some of these will be given in a future number of *The Child*.

HEALTH NEEDS OF NORTHEASTERN OKLAHOMA[1]

By Lewis K. Sweet, M.D.,
Medical Director, Maternal and Child-Health Services,
Oklahoma Cooperative Health Unit[2]

The medical needs of the people of the five rural counties covered by the Oklahoma Cooperative Health Unit never have been adequately met. There are few doctors in the district, and they are so widely separated that they often must travel long distances to reach their patients. The inhabitants are very poor--it has been estimated that 75 percent of them are on relief--and have little or no means of travel. They often have no way to reach a doctor when they are sick or to pay him for attending them in their homes. Local welfare funds for medical services are insufficient. In consequence, medical care can rarely be provided.

Maternal and Child Health

In the field of obstetrics, although several of the doctors urge their patients to seek prenatal care, it is the exceptional mother who receives the benefits of complete supervision. Frequently all that is done for a patient seeking prenatal care is to give her a superficial examination and some advice. We find all too often that the young mother who confidently engaged her physician early and visited him throughout her first pregnancy, waited until the middle of her second pregnancy before consulting him, and with subsequent confinements called him at the onset of labor. We see numerous mothers who because of inability to pay a physician never see one before, during, or after childbirth, and still others who because of ignorance, superstition, or isolation have received little or no care.

Rural Family and Their Home
THE MOTHER IS RECEIVING ANTEPARTUM CARE

No less than 60 percent of all confinements in the area, it has been estimated, are attended by untrained midwives or neighbors, or are unattended. Nor are all these normal, multiparous labors. Some months ago, for instance, I saw Mrs. B in the sixth month of pregnancy. She had symptoms of advanced toxemia with high blood pressure and a large amount of albumin in her urine. In addition she had a severe diabetes mellitus. It was more than 2 weeks before we could get her under the care of a physician, and then it was with little assurance that he would be paid. Soon thereafter, Mrs. R came under our care. She had an essentially normal pregnancy and, being unable to afford a doctor, was delivered by a neighbor. Twelve hours after the birth of the baby the placenta had not been delivered, and efforts to get a doctor had not been successful in spite of appeals to the relief agencies and the health unit. Six hours later, however, a doctor, on his way to visit another patient, stopped in and cared for her. In still another instance a woman was delivered of twins by an untrained midwife. One of the infants, who probably received a brain injury, died soon after birth.

All too frequently a baby is born, sickens, and dies without any medical attention, birth certificate, or death certificate. The infant and maternal mortality rates shown by the United States Census for some of the counties are undoubtedly too low.

The advantages of postnatal examinations and treatment are almost unknown to the women in this locality.

Child Hygiene

The problems confronting us in child hygiene are too numerous to be discussed in detail. One of the greatest needs is to educate parents to a conception of the value of medical attention for a well child. This is something new and unheard of to white persons and Indians alike in this area. They never have taken a child to a doctor unless he was sick, and they are somewhat reluctant to change their custom. However, the response to the child-health conferences, both from new patients and from those returning for check-up, has been good, and gradually more and more infants are being brought in for regular health supervision.

---

[1] For a description of the organization and program of the Oklahoma Cooperative Health Unit, with headquarters in Tahlequah, Okla., see *The Child*, November 1936, pp. 7-8.

[2] Since this article was written Dr. Sweet has been transferred to the Washington office of the Children's Bureau.

CHILD-HEALTH CONFERENCE

THE INDIAN COMMUNITY HOUSE AT LYONS, OKLA., WHERE THE CONFERENCE IS BEING HELD, WAS BUILT BY RESIDENTS OF THE COMMUNITY AT NO MONETARY COST

The knowledge of foods and the essentials of a healthful diet forms perhaps the next great need. One day I was discussing with a young Indian mother the question of diet for a small child, telling her the advantages of milk, cereal, and other simply prepared, inexpensive foods, and decrying the use of fried and greasy things to eat. Her jaw dropped lower and lower as I talked until finally she broke out, "But we don't buy nothin' from the store 'cept flour and lard!"

Fortunately most of the mothers nurse their babies at the breast, and the difficulties of artificial feeding are rarely encountered, although the virtues of regularity are entirely unknown. When the baby finally is allowed to graduate to solid food, he is likely to be fed on gravy, boiled beans, and fried potatoes. To advise the use of meat other than fried pork is practically useless. We are waging a relentless war on unhealthful dietary practices, but in general it is only when we meet a young mother with her first child that we are able to make much impression.

Dental hygiene, cleanliness, care of the bowels, sleep, and other such important aspects of health are almost equally neglected but likewise are responding slowly to our constant efforts.

Other Health Problems

In the control of communicable disease the scarcity of medical service causes a serious handicap. In the fall of 1936, when there was a small outbreak of poliomyelitis, more than half of the patients suffering from the disease were brought to the attention of the health department after 2 to 4 weeks of illness. Even then many of them were reported by friends, no physician having seen the patient. In the summer of 1937, when there was another outbreak of poliomyelitis, conditions were much the same, although the disease was recognized and reported somewhat more promptly.

In sanitation the community is most primitive. Tests taken last year show that practically all the subsurface water, whether obtained from springs or from wells, was contaminated and unsafe for drinking purposes. Milk, for those who are able to afford it, is obtained largely from privately owned cows. Only one of the local dairies has been equipped to produce grade A milk and to offer pasteurization. This has been accomplished recently, and it is hoped that other dairies soon will follow suit. Housing conditions are very poor and screens are almost unknown. With these conditions existing, it is little wonder that in 1936 there were 33 cases of typhoid fever reported in the district. That the number was held so low was largely the result of the fact that more than

HOME OF RURAL FAMILY

THERE ARE NO WINDOWS IN THIS HOUSE

12,000 persons were given complete typhoid vaccinations in the spring and summer months.

AN INDIAN FAMILY

There has been no effective plan for tuberculosis control in the district. A few patients are sent to Indian hospitals or State sanatoria, but for those unable to obtain such care no reliable therapeutic procedures are available. Home conditions are such that rest in bed is practically impossible, and the families often are unable to provide for the minimum nutritional needs. The health unit is doing some case-finding work by physical examination and tuberculin testing. Recently, since the portable X-ray equipment of the State health department has become available, this work has been greatly augmented.

The control of venereal disease likewise demands serious attention. The health unit has established clinics for the diagnosis and treatment of syphilis in all five counties. Statistics relative to the frequency of the disease are not available, but at present there are 72 patients receiving treatment in these clinics. This number includes only those patients who are unable to pay a doctor and who have been referred to the clinic. An unknown number of patients either are being treated by their own physicians or are going about with the disease unrecognized or untreated.

All this gives a rather grim and dark picture of the major public-health problems in the region. Nevertheless, one gets a more optimistic outlook when one realizes that the people--untutored, isolated, and surrounded by poverty and superstition though they are--are on the whole willing and anxious to be helped.

BOOK AND PERIODICAL NOTES

MATERNAL CARE--THE PRINCIPLES OF ANTEPARTUM, INTRAPARTUM, AND POSTPARTUM CARE FOR THE PRACTITIONER OF OBSTETRICS. Fred L. Adair, M.D., editor. University of Chicago Press, Chicago, 1937. 93 pp. Price, $1 (cloth); 25 cents (paper).

The preparation of this manual was in the hands of Drs. W.C. Danforth, G.W. Kosmak, R.L. DeNormandie, and F.L. Adair. It is approved by the American Committee on Maternal Welfare, Inc. It summarizes the problems of maternal care facing the family physician and methods for meeting them. It offers the physician and the public-health worker standards for measuring the adequacy of maternity service and care.

Public-health nurses and bedside nurses who assist physicians in maternity cases will find here detailed directions for prenatal instruction to the mother, for preparations for home delivery, and for postnatal care.

In connection with prenatal care the authors point out that such care is necessary for some women in order to avoid disaster, and that careful examination by a physician as early as possible in pregnancy should be given as a matter of routine to all pregnant women. One revision of this volume has been received and another is in preparation.

REPORT OF AN INVESTIGATION INTO MATERNAL MORTALITY. Ministry of Health. H. M. Stationery Office, London, 1937. 353 pp. Price, 5s. 6d. net.

This report was prepared by the medical officers of the Ministry of Health, assisted by Sir Comyns Berkeley as obstetric consultant. It discusses maternal-mortality statistics; special statistical studies showing the effects on maternal mortality of overcrowding, gainful employment, and economic conditions; social and environmental factors; maternal deaths in the areas visited; abortion; and maternity services.

It is stated that for the last 50 years the maternal mortality rates in the northwest of England and in the whole of Wales have been, with notable exceptions, persistently higher than the average for the country as a whole. The districts visited in this investigation were mainly those which had an average maternal mortality rate in excess of 5 per 1,000 live births in the decade 1924-33. For purposes of comparison, visits were paid to seven districts in which the average mortality rate for the decade was low.

In regard to maternity services the report states: "The efficacy of a maternity scheme cannot be judged solely by the mortality rate of the area which it serves: account must be taken of the lives saved as well as of those lost. It must also be remembered that the local maternal mortality rate may be influenced by factors which may be beyond the control of the services, e.g., abortion."

The comment is made that optimal results cannot be expected from prenatal supervision until a high general standard of efficiency is attained and until expectant mothers make full and intelligent use of the facilities provided to safeguard their health.

Of the factors known to influence the maternal mortality rate the most important from the point of view of remedial action appeared to be the standards of midwifery practice. These standards varied within wide limits in the areas visited. In cases where illness develops or abnormalities occur, midwives are required to call in a registered medical practitioner. Although the local supervising authorities are required to pay the fees of all the doctors called in, they have no voice in the selection.

The most important recommendations of the report are those designed to improve the standard of obstetrics: (1) Establishment, under the direction of the Medical Officer of Health, of an adequate service of obstetric consultants; (2) authorization of the local supervising authority, in consultation with the local medical profession, to insure that the best local obstetric skill is made available in all cases in which midwives are required, under the rules of the Central Midwives Board, to call in a doctor; (3) provision for emergency units whereby members of staffs of hospital maternity departments will be available for home treatment of maternity patients whose condition is too grave to justify their removal to a hospital.

The subjects recommended for further study include research with a view to the discovery of a reliable prophylactic treatment for puerperal sepsis; abortion, with special reference to the influence it may exert on maternal mortality and morbidity and on future childbearing; and further research into the possible influence of diet upon childbearing.

MIDWIFERY SERVICES IN RURAL AREAS. Special supplement to *The Countrywoman* (Associated Country Women of the World, 30 Baker St., London, W.1), August 1937. 20 pp. 5 cents.

This report includes summaries of midwife standards and services in the Netherlands, Czechoslovakia, the British Isles, France, Germany, Norway, Yugoslavia, Denmark, Sweden, Latvia, Switzerland, Irish Free State, United States of America, Canada, African and Australian countries, New Zealand, India, and Ceylon.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

CHILD WELFARE

CHILD-WELFARE SERVICES IN THE FIVE-COUNTY DEMONSTRATION AREA OF OKLAHOMA

Ed. note.--The following account of child-welfare services in the Oklahoma Child-Health Demonstration area during the 4 months ended September 18, 1937, is taken from the report of Sarah Jane Davies, child-welfare consultant assigned to the five-county area by the Oklahoma Department of Public Welfare.

The first county child-welfare unit in the Oklahoma Child-Health Demonstration area was established in Cherokee County in January 1937. The county child-welfare worker tried to demonstrate to the county officials and to the community that children who are neglected, homeless, or delinquent can be treated successfully without commitment to an institution. So effective was her work that when the establishment of a child-welfare unit in each of the five counties was under discussion, several of the county judges remarked that they would endorse the plan with enthusiasm if the workers in their counties "rendered half as good service to children" as had the Cherokee County worker. A child-welfare worker has since been assigned to each of the five counties.

Already the county child-welfare workers have been able to assist the county judges in working out plans for treatment of child delinquents who have been brought to court and in determining the eligibility of families for assistance through the crippled children's fund. The judges have begun to refer so-called problem cases to the child-welfare workers and to call on them for consultation service.

Since health problems are outstanding in the five-county area, the child-welfare workers have made every effort to cooperate with the health unit in securing better facilities for preventive work with children. The workers have assisted mothers in carrying out the recommendations of the health unit. In a few cases the Child-Welfare Division of the Oklahoma Department of Public Welfare has placed money in the homes to provide for special food, as most of the families do not have the means to purchase the foods required for recommended diets. In other cases the workers have helped to budget the family income to include medical necessities.

The child-welfare workers have welcomed the opportunity during home visits to acquaint families in isolated areas with the services offered by the health clinics. By individualized service the workers have been able to give unwilling parents a better understanding of the advantages of following the doctor's recommendation for hospitalization, and in many cases have secured their consent to the hospitalization of children who were in need of treatment.

In obtaining hospitalization of children, the child-welfare workers have received unfailing co-operation from the Crippled Children's Commission and its representatives. In a few cases when the child was unable to travel by bus or train private citizens furnished transportation to the hospital.

In each county the child-welfare worker attended the county teachers' institute during the summer and discussed the objectives of the child-welfare program and ways in which the workers and teachers could help each other.

A working relationship has been established with local representatives of the Office of Indian Affairs, chiefly for interpretation of community resources. The number of needy Indian children greatly exceeds the facilities available. In many cases Indian children in need of orthopedic surgery have been hospitalized through the crippled children's fund. At the request of the educational division of the Office of Indian Affairs, the child-welfare consultant conducted a Friday-morning class during the month of June and first week of July 1937 in the summer session of the Sequoyah Indian Training School for teachers and social workers. The 65 students in the class expressed their interest and willingness to participate in a plan to coordinate the services of a child-welfare worker with their own organizations.

Difficulty in obtaining safe drinking water, lack of comfortable living quarters, extreme heat in summer, and danger of contracting infectious diseases have been among the hardships experienced by the workers in the five-county area. But more discouraging than these are the attitudes of helplessness and indifference encountered. Local citizens are aware of the needs but have been unable thus far to cope with the situation. In spite of their outspoken willingness to cooperate in the child-welfare program, most of them feel that present conditions of poverty, neglect, and dependency have been permitted to exist for so many generations that the problem has become overwhelming and beyond solution. In some cases needy families for whom plans were worked out involving some effort on the part of the families have been too hopeless or indifferent to respond, and it has been necessary to seek a new approach to the problem.

The child-welfare workers therefore focused their program during these early months on bringing to the attention of the community the fact that specialized services for children are available, and on demonstrating, regardless of what conditions have been permitted to exist in the past, what can be done now for the neglected, homeless, or delinquent boy or girl.

CHILD-WELFARE SERVICES IN RURAL AREAS

Tennessee Louderdale County, Tenn., has had a local child welfare demonstration area in operation since about the middle of July 1937. At the end of 3 months the worker in the area reported to the county court that 130 families had been referred to her as needing services for children. A number of these children were referred in turn to other agencies in the community, but the worker, at the time of the report, had under care 63 children in 40 families, who presented many different problems.

Eighteen of these children were physically handicapped, being blind, deaf and dumb, or crippled or having speech defects. Through a knowledge of resources available an effort was being made to secure for each child special training that might equip him better for later years.

Seven children were mentally subnormal and were not able to compete with the average child, although capable of learning to some extent. Four children were homeless; three were neglected; and three had been deserted by their parents. Behavior problems, including lying, stealing, running away from home, and truancy, were presented by 20 children. The county judge placed two children on probation to the child-welfare worker. A careful study was being made of each child to determine what adjustment could be made.

Delaware November 9, 1937, marked the opening of a Colored Community Center in Dover, Del., sponsored by the Rotary Club, the Consumers Cooperative Club, the Community Life League, the Parent-Teacher Association, and the State Board of Charities. Since July the Negro child welfare services worker attached to the staff of the State Board of Charities has been cooperating with the judge of the juvenile court to develop recreational facilities for Negro children, because the judge believes that the lack of such facilities accounts in part for the number of colored children coming before the court. During the summer a playground for Negro children was opened and operated with the help of volunteers. Meanwhile the worker was enlisting community support for a year-round program. The community center with trained leadership is the result of the pooling of the interests of individuals and groups in Dover to meet the needs of its Negro citizens.

CHILD LABOR

INCOME AND LIVING CONDITIONS OF SUGAR-BEET LABORERS' FAMILIES

Conditions among the families of hand laborers in the beet fields are characterized in large part by the use of family labor, by intermittent periods of intensive work over a long agricultural season, by scarcity of supplementary employment, and by widespread dependency on relief during the winter months. Prevailing wages for beet work together with the lack of opportunities for work in other industries have resulted in extremely low annual incomes and unsatisfactory living conditions for the families of the majority of workers in this occupation. Some possibilities for an improvement in the conditions of families dependent on this industry exist at the present time, however, through the sugar-quota program and the conditional benefit payments to growers provided by the Sugar Act of 1937. This act, effective September 1, 1937, provides that benefits to growers of sugar beets and sugarcane are payable by the Government, if the growers, in addition to meeting other conditions, did not employ any child labor in the production of the crop and if they paid the employed workers in full and at rates not less than those set by the Secretary of Agriculture as fair and reasonable.[1]

The child-labor provisions of the Sugar Act of 1937 are substantially the same as those included in the production-adjustment contracts for sugar beets in 1935 under the Jones-Costigan Act--that no children under 14 years of age should be employed in sugar-beet production and that children between 14 and 16 years of age should not be permitted to work longer than 8 hours a day, exception being made, however, in both cases for children in growers' families working on their parents' own farms. Findings on the work of children in the sugar-beet fields and on school attendance from the survey made by the Children's Bureau in 1935 of conditions among sugar-beet laborers' families were reported briefly in the May 1937 issue of *The Child* (p. 17).

Some of the findings of the Children's Bureau survey in regard to family income and living conditions, which are of special interest in connection with minimum-wage rates to be fixed under the Sugar Act of 1937 are presented here. Although wage rates were slightly higher in 1937 than in 1935, the year of the Children's Bureau survey, the picture shown by the 1935 survey probably has not been materially altered.

The Children's Bureau survey of conditions among the families of sugar-beet laborers was based on interviews with 946 families each of which had at least one child under 16 years of age and had been hired to do hand work in sugar-beet fields in the 1935 season. Ten sugar beet growing areas were included: central Michigan; southern Michigan; southern Minnesota; northern Colorado; Arkansas Valley, Colo.; Western Slope, Colo.; western Nebraska; northern Wyoming; southern Montana; and Sidney, Mont. California, an important beet-growing area, was not included in this survey because family labor has not been characteristic of the industry in this State.

Beet laborers are in large part Spanish-speaking people, either American or Mexican born. The other important racial group is that of Russian-German extraction. It is rare for other American-born adults to do contract hand work in the beet fields because of the low social status of beet laborers and because the work, much of which is done in a stooping posture, is very trying and fatiguing.

A distinctive feature of sugar-beet employment is the labor-contract system of hiring by which a laborer contracts for the performance of the hand labor (the thinning and hoeing of the plants and the topping of the beets at harvest time) on a specified acreage of beets. It is usual for the contract laborer to rely on the labor of members of his family for help with the beet work on this acreage in order to earn as much as possible in the short working season.

---

[1] Public Act No. 414—75th Congress, 1st Session, ch. 898.

Yearly Earnings

The average (median) annual earnings from hand work in the beet fields, in northern Wyoming, Montana, Minnesota, and Michigan, was $340 for the 377 families reporting in the Children's Bureau survey, half of the families earning less than this amount for beet work done in 1935 and half earning more. However, because of great differences in the number of workers per family, in the number of acres handled, and in the earnings per acre, the range in earnings per family for beet work is wide. The earnings of the 377 families were distributed as follows:

Annual earnings for beet work	Percent of families
Less than $200 - - - - - - - - - - - -	30
$200, but less than $400 - - - - - -	28
$400, but less than $600 - - - - - -	21
$600 or more - - - - - - - - - - - - -	22

The significance of these low earnings for beet work is emphasized when it is realized that they are earnings of whole families, averaging 6.4 members each and 3.0 beet workers each.

Beet workers in the Mountain States and eastern beet regions have for the most part no employment during the 6 winter months and have only occasional employment during August and September, when the beet crop requires little or no attention. Among the families interviewed, one family in eight had no money whatsoever in addition to income from beet work and funds from relief in the period of approximately a year ending with the close of the 1935 beet season. Among the families that did have some supplementary cash income the average (median) amount earned or otherwise received was $51 a family. This additional income was usually earned by agricultural labor on crops other than beets.

The great impoverishment of beet workers' families is suggested by figures on income per person. Half of the families in the Children's Bureau study received more and half less than $75 per person a year from beet work. The meagerness of their incomes is suggested by a comparison with the amount of money needed to buy an adequate diet at minimum cost according to the standards of the Bureau of Home Economics of the United States Department of Agriculture. Based on average United States prices in 1935 an adequate diet at minimum cost according to this standard would require $110 per person, calculated on the basis of the composition of the beet laborers' families. Some beet workers receive housing free of charge from grower or sugar company at least during the working season, but the workers need money to pay not only for food but also for clothing, household sundries, fuel, transportation, doctors' bills, and other necessities.

Relief

With annual earnings from all sources frequently below subsistence levels, many beet workers have found it necessary to supplement their income by reliance on relief funds. Sixty-three percent of the beet laborers' families in the Children's Bureau study reported receiving either direct or work relief at some time within the period of approximately a year ending with the close of the 1935 beet season. The proportion of the beet laborers' families on relief at some time during the year was much higher in some areas than in others, ranging from 37 percent to 97 percent of the families interviewed. Half of the families that had received any relief in the year had received it in at least 6 calendar months.

Living Conditions

The very low plane of living among beet workers is apparent in the overcrowding of their small houses, which are sometimes not even weatherproof, in their meager diet, in their lack of warm clothing, and in their very restricted recreational and social activities.

The Children's Bureau found that nearly half of the families interviewed in 1935 lived during the beet season in houses of not more than two rooms, and that one-sixth of the families were living with four or more persons to a room. A serious problem for some families was securing an adequate supply of water for household needs. A number of families in certain irrigated areas were hauling all the water they used from a considerable distance or were having to pay to have it hauled for them. A few families were using for all purposes water from irrigation ditches.

One indication of the inadequacy of the diet among the families interviewed is found in the small amounts of milk consumed. Nine percent of the families had used no milk at all in the week preceding the interview, 30 percent reported using less per person than 1 quart of fresh milk a week, or an equivalent amount of milk in canned or other form, and only 31 percent reported using 2 or more quarts per person in the week. The remaining families were using 1 but less than 2 quarts per person in the week (24 percent) or were using some milk but did not report the amount used (6 percent). Among the families with children under 6 years of age the proportion using no milk in the week (9.3 percent) was slightly greater than the proportion using none among the families with no children under 6 years (8.3 percent). The milk consumption per person where used tended however to be slightly higher among the former group than among the latter. The kinds of milk used were chiefly fresh or evaporated. Even though the families were living for the most part in rural settlements or in the open country, the use of evaporated milk to the exclusion of fresh milk was reported by 43 percent of the families using any milk, somewhat more than those reporting the use of fresh but no evaporated milk. A number of families reported using both kinds.

Lack of sufficient warm clothing among beet workers' families was conspicuous. Many families obviously suffered greatly in cold weather, owing to lack of warm clothing, poor shelter, inadequate stoves, and insufficient fuel.

Such conditions as these will be considered in connection with the establishment of minimum-wage rates for sugar-beet workers under the Sugar Act of 1937. It is hoped that this act providing for a quota and marketing adjustment program will help to achieve better conditions for the field workers of the sugar-beet industry and improved opportunities for the education and general welfare of their children.

Note.--A more comprehensive article on wages, employment, and welfare of sugar-beet laborers, by Elizabeth S. Johnson, will appear in the *Monthly Labor Review* for February 1938.

NEWS AND READING NOTES

Federal Committee on Apprentice Training established on permanent basis

Under the Fitzgerald Act, signed by the President on August 16, 1937, the Federal Committee on Apprentice Training is made a permanent agency in the United States Department of Labor. The Secretary of Labor has named the following persons to serve as members of this Committee:

Mrs. Clara M. Beyer, Assistant Director, Division of Labor Standards, U.S. Department of Labor, *Chairman*.

C.R. Dooley, Manager of Industrial Relations, Socony Vacuum Oil Company, to represent employers.

John P. Frey, President, Metal Trades Department, American Federation of Labor, to represent employees.

Dr. John W. Studebaker, U.S. Commissioner of Education, to represent educators.

Dr. Mary H.S. Hayes, Director of Guidance and Placement, National Youth Administration, to represent the N.Y.A.

The Prospect for Youth

No less than 24 signed articles "designed to focus attention upon the problems of youth and to facilitate the intelligent consideration of these problems" are brought together in the November 1937 issue of *The Annals* of the American Academy of Political and Social Science (vol. 194, Philadelphia, 273 pp., $2 per copy), under the title "The Prospect for Youth."

Rural youth, vocational guidance, leisure, crime, health, and mental hygiene are among the aspects of the youth problem considered. Other articles describe youth movements in the United States, the European labor service, and international aspects of the youth problem.

BOOK AND PERIODICAL NOTES

(Child labor)

BEET WORKERS ON RELIEF IN WELD COUNTY, COLO., by Olaf F. Larson. Research Bulletin No. 4, Colorado State Agricultural Experiment Station, Fort Collins, Colo., and Rural Section--Division of Social Research, Federal Works Progress Administration. Fort Collins, Colo., 1937. 31 pp. Mimeographed.

Data on the families of 192 sugar-beet laborers for the period March 1, 1935 to February 29, 1936 are included in this survey. These families constituted 25 percent of all Spanish-American and Mexican rural relief cases in Weld County, Colo., from February through October 1935.

It is stated that the majority of the children reported as working in beets during the 1935 season were 14 and 15 years of age; and that three-fourths of the children of these ages among the families studied worked in beets. About one-fourth of all the children 6 to 15 years of age, inclusive, had not been enrolled in school in the year 1935-36. The grade attainment of the children of school age indicated great retardation.

CHILD LABOR AS A RELIC OF THE DARK AGES, by Tom Ireland. G.P. Putnam's Sons, New York, 1937. 336 pp. $2.50.

This book deals with the legal regulation of child labor in the United States and in Europe, emphasizing particularly the proposed child-labor amendment to the United States Constitution, its history, the sources and motives of opposition to it, and what it would and would not accomplish if ratified. A detailed account is given of the 1937 campaigns for the amendment and of the defeat of resolutions for ratification in the Massachusetts and New York legislatures.

EMPLOYMENT STATUS OF PERSONS 15-29 YEARS OF AGE. Michigan Census of Population and Employment, State Emergency Welfare Relief Commission, Lansing, 1937. 14 pp.

Table 1 gives for each year of age from 15 to 29 the total population in Michigan, the number who are working or seeking work, the number not seeking work, the number disabled, housewives, and others. Those who are working or seeking work are further subdivided to show the number in each year of age who are employed, working as unpaid family workers, not working, doing made work or work relief, seeking reemployment, or seeking the first job.

Of nearly 80,000 15-year olds, more than 73,000 were in school, 642 were classified as employed, 236 were seeking the first job, and 62 were seeking reemployment. The number in school decreases rapidly with each year of age. The number seeking the first job increases to a high of 7,556 at the age of 18, and the number seeking reemployment increases each year to the age of 21 when a maximum of 9,882 is reached.

CHILD LABOR FACTS--1938. National Child Labor Committee, 419 Fourth Ave., New York. 1938. 34 pp. 25 cents.

This is a revision of the leaflet previously issued under the same name, with some new material and a number of recent photographs. A list of publications available through the National Child Labor Committee is included.

CHILD LABOR IN THE TIFF MINES, by Charles E. Gibbons. Pub. No. 373, National Child Labor Committee, 419 Fourth Ave., New York, January 1938. 31 pp. 25 cents.

This bulletin describes an investigation made by members of the National Child Labor Committee in the tiff-mine area of Washington County, Mo., during the summer and fall of 1937. "Tiff" is the common word used for the mineral known as barite, used in the manufacture of paints, lacquers, enamels, rubber goods, and so forth.

The tiff is dug from shallow, open mines with pick and shovel and is then separated from clay and flint with a hatchet or by being shaken in a box mounted on rollers. Children working for their parents are exempted from the child-labor law in Missouri, and children of all ages and both sexes were found by the investigators to be digging and scrapping tiff with their families. In 80 families studied there were 86 children under 16 years of age out of school for work in the tiff mines about 2 months after school opened.

The report states that "during the preliminary study made in the summer many more children, and very young children, were working."

SOCIALLY HANDICAPPED CHILDREN

BOOK AND PERIODICAL NOTES

New directories available

The 1937 Directory of Probation Officers in the United States, Territories, Dependencies, and Canada, published by the National Probation Association (50 West 50th St., New York, 156 pp., $1.25) lists for the first time the names of all regularly appointed probation officers and hundreds of volunteers and workers from other fields who have added probation work to their duties. Previous editions, issued about every 3 years since 1910, have included the names of chiefs and assistant chiefs only. Another new feature is the brief summary of laws at the beginning of each State listing.

State and National Correctional Institutions of the United States of America and Canada is the title of a directory compiled by the American Prison Association (135 East 15th St., New York, September 1937, 33 pp.). This includes names of State training schools for boys and for girls.

* * * * *

CHILD GUIDANCE PROCEDURES, by the staff of the Institute for Juvenile Research, Chicago. Paul L. Schroeder, M.D., Director. D. Appleton-Century Co., New York, 1937. 362 pp. $2.50.

An attempt has been made in this volume, as is explained in the preface, to summarize the thinking and procedures which have been found most fruitful at the Institute for Juvenile Research. Childhood is considered as a period both of growth and of dependency: "The child needs to grow to an independent being with adequate control of himself and of the situation in which he finds himself. At the same time, during growth to this goal, he should be protected from making irreparable mistakes. Control must be exercised, but the object of control is to enable the child ultimately to get along without it."

Under the heading "The diagnostic study," are described in some detail the organization of the clinic at the Institute for Juvenile Research; purpose, content, and methods of obtaining the social history of the child; the role of the medical study and certain disorders and abnormalities that should be watched for; the psychological examination; the recreation study and what it may reveal; the psychiatric interview. One chapter deals with synthesis and program of therapy.

Under "Therapy," cases seen at the Institute are described which illustrate problems arising from interference with the child's opportunity to grow; problems arising from failure of proper direction, training, or control; and problems arising from the constitutional inadequacy of the child.

There is a chapter on the relationship between the clinic and the community, and one on "perspective." This chapter summarizes the functions of a child-guidance clinic and discusses methods of financing and possible future developments in the field of child guidance.

THE FAMILY AND EMOTIONAL PATTERNS, by James S. Plant, M.D. *National Parent-Teacher*, vol. 32, no. 4 (December 1937), pp. 14-15,26,28-29.

The child's emotions develop through contact with the emotions of those about him, Dr. Plant points out, and "no trickery of a child-guidance clinic or book about bringing up children will replace the emotional poverty or distortion of those adults who actually surround the child." He also discusses frequent returns to earlier emotional behavior as a sign that too great pressures are being forced on a child, and the problem of turning fear, jealousy, hatred, and sex hungers to socially useful purposes instead of trying to abolish them.

STATISTICS OF CRIMINAL AND OTHER OFFENSES FOR THE YEAR ENDED SEPTEMBER 30, 1936. Sixty-first annual report, Dominion Bureau of Statistics, Judicial Statistics Branch. Ottawa, Canada, 1937. 260 pp. 50 cents.

The first part of this statistical report deals with indictable offenses of adults; the second is devoted to juvenile delinquents; the third gives a recapitulation of court proceedings by provinces; and the fourth contains miscellaneous statistics.

Among the tables dealing with juvenile delinquency is one giving the total number of boys and of girls brought before the courts in Canada for major delinquencies each year from 1922 to 1936.

OF CURRENT INTEREST

Assistant Secretary of Labor appointed

Charles V. McLaughlin, Senior Vice President, Brotherhood of Firemen and Enginemen, has been named by President Roosevelt as Assistant Secretary of Labor. He was born in North Platte, Nebr., and entered Government service as a civilian employee in 1896, serving as pack master in charge of Government pack train during the Spanish-American War in Cuba and Puerto Rico. He entered the service of the Union Pacific Railroad in December 1898, worked several years as locomotive fireman and engineer and during this period was elected General Chairman of the Brotherhood of Locomotive Firemen and Enginemen on the Union Pacific System. He was elected Vice President of the Brotherhood in 1910, served in that capacity for the past 27 years, and was recently reelected for another 4-year term. He served 2 years on Railroad Board of Adjustment No. 1, in Washington, D.C., in 1919-20 and 1921 and the following 10 years on the Train Service Board of Adjustment for the Western Region at Chicago, Ill.

Cooperative health-unit news

The Oklahoma State Department of Public Health recently appointed a full-time medical director of maternal and child-health services, Harry E. Barnes, M.D., for the Cooperative Health Unit with headquarters at Tahlequah. This appointment released Lewis K. Sweet, M.D., who had been stationed there by the Children's Bureau to help organize and develop the maternal and child-health program in the cooperative health demonstration. Dr. Sweet was transferred to the Washington office of the Children's Bureau.

The Works Progress Administration has given approval for a new health building for the Cooperative Health Unit at Tahlequah. The building will be of native stone and will contain 17 rooms, lecture hall, and laboratory space. It will be sponsored by the City of Tahlequah. *Oklahoma Public Health News, November 1937.*

Convalescent center for Wisconsin children recovering from infantile paralysis

During the summer and fall of 1937 in 11 counties of northwestern Wisconsin 48 cases of infantile paralysis were reported among children under 21 years of age.

Some of this group have recovered with no apparent disability, but for those children who still have weakened muscles, it has been necessary to provide special facilities.

The Crippled Children Division of the Wisconsin Department of Public Instruction has arranged for 13 children in this group, who need more nursing care than can be provided in an orthopedic school, to be admitted to hospitals in Eau Claire where physical therapy and corrective exercises can be given. The cost of hospital care is to be paid by the parents if possible. The cost of services of the orthopedic physician is to be paid through funds made available to the Crippled Children Division by the United States Children's Bureau under the Social Security Act. *(Bureau correspondence.)*

Postgraduate course on syphilis offered in New York

A program of postgraduate study in syphilis has been arranged at the New York University College of Medicine to extend from February 15 to June 15, 1938. The course is made possible by a grant from the United States Public Health Service through the New York State Department of Health.

The training is intended primarily for physicians already working in State and local departments of health, but other physicians may be accepted. The work will be done in the New York University College of Medicine, in the syphilis clinics and wards of Bellevue Hospital, and in the various laboratories and bureaus of the New York City Department of Health devoted to venereal-disease study.

Physicians at present engaged in health department work may apply either directly to the office of the dean at the College of Medicine, 477 First Avenue, or through their State health departments. Others should apply directly to the College. *(Bureau correspondence.)*

Child-guidance programs broadcast

The Parents' Magazine in cooperation with the Mutual Broadcasting System is presenting a series of weekly broadcasts under the title, "Parents' Club of the Air." These programs are broadcast on Saturdays at 12 noon, over WOR and a group of affiliated stations. The general subject matter is child guidance and parent education, but each program deals with a specific problem encountered by parents everywhere. These problems are divided among different age groups from infancy through adolescence.

* * * * *

First Venezuelan Child Congress

The First Venezuelan Child Congress will be held in Caracas, Venezuela, February 1-7, 1938, under the auspices of the Venezuelan Child Council. The Council was created by the Ministry of Health and Social Welfare of Venezuela in accordance with a Presidential decree in August 1936, and is the first national agency in that country to work for the improvement of conditions surrounding child life.

The Congress will be devoted primarily to the study of child-welfare institutions both public and private, general policies governing child-welfare work, proposed legislation for the protection of maternity and infancy, measures for combating tuberculosis among children, and to the problem of school hygiene.

Katharine F. Lenroot, Chief of the Children's Bureau and chairman of the United States delegation to the Fifth and Sixth Pan American Child Congresses, will attend the first Venezuelan Child Congress as a guest of the Venezuelan Government.

Twenty-fifth anniversary of Department of Labor

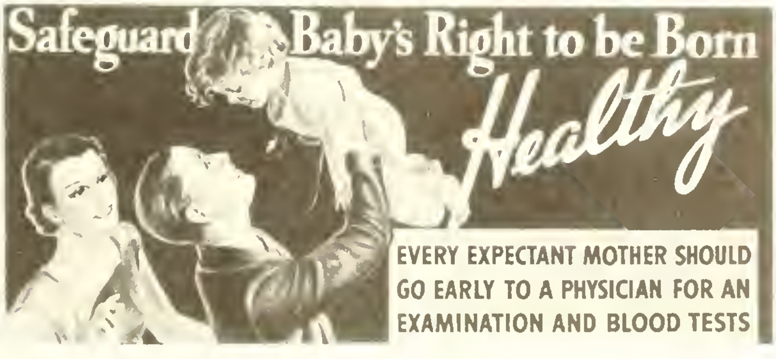
The United States Department of Labor celebrates its twenty-fifth anniversary in 1938. The Department was established by Act of Congress, March 4, 1913. The celebration will be held March 3-5, 1938, and will include a banquet at the Mayflower Hotel on March 3, a program mainly for the personnel of the Department in the Labor Auditorium on the afternoon of March 4, and a hall of exhibits portraying the activities of the Department. The exhibits will be in the Labor Auditorium and will be open to the public March 4 and 5.

The annual reception and dance for employees of the Department of Labor and their friends, at the Mayflower Hotel, February 24, also will take the form of a silver-anniversary celebration.

"Safeguard Baby's Right To Be Born Healthy"

The poster shown below was produced by the New York State Committee on Tuberculosis and Public Health (105 East 22d St., New York City; 3-column newspaper mats, 10 cents each). The message it displays is designed to protect mothers and babies from syphilis by directing public attention to the need for every expectant mother to go early to a physician for an examination and blood tests.

The American Social Hygiene Association adopted the design for use in connection with the second National Social Hygiene Day, February 2, 1938.


Safeguard Baby's Right to be Born
Healthy
EVERY EXPECTANT MOTHER SHOULD GO EARLY TO A PHYSICIAN FOR AN EXAMINATION AND BLOOD TESTS

CONFERENCE CALENDAR

Feb. 26-Mar. 3	National Education Association Department of Superintendence, Atlantic City, N.J., Information: N.E.A., 1201 Sixteenth St., NW., Washington, D.C.
Feb. 24-26	American Orthopsychiatric Association. Fifteenth annual meeting, Stevens Hotel, Chicago, Ill. Secretary: Dr. Norvelle C. LaMar, 210 East 68th St., New York.
April 14	Pan American Day. Information and material from Pan American Union, Washington, D.C.
Apr. 19-23	Association for Childhood Education. Forty-fifth annual convention, Netherland Plaza Hotel, Cincinnati, Ohio. Information: Mary E. Leeper, Executive Secretary, Association for Childhood Education, 1201 Sixteenth St., NW., Washington, D.C.
Apr. 24-29	National Organization for Public Health Nursing. Biennial convention, Kansas City, Mo. Information N.O.P.H.N., 50 West 50th St., New York.
May 1	May Day -- Child Health Day -- 1938. Sponsored by U. S. Children's Bureau, Washington, D.C. For information on State programs write to State May Day Chairman, State Department of Health.
May 4-8	International Congress of Obstetrics and Gynecology. Amsterdam, The Netherlands.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE 1938

*935

THE Child

Monthly News Summary

FEBRUARY
1938

Volume 2
Number 8

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

U. S. SUPERINTENDENT OF DOCUMENTS
APR 12 1938

THE CHILD Monthly News Summary

Volume 2 February 1938 Number 8

CONTENTS

PAGE

THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

The Nutritionist's Place in the Maternal and Child-Health Program, by Marjorie M. Heseltine - - - 167
Services by Nutritionists on State Maternal and Child-Health Staffs - 169
Childbirth Can Be Made Safer, by Edwin F. Daily, M.D. - - - 171
Child-Welfare Training Programs - - - 173
Federal Grants to States for Maternal and Child-Welfare Services - - - 174

MATERNAL, INFANT, AND CHILD HEALTH

Report of Technical Committee on Medical Care Issued - - - 176
Research Notes - - - 177
  NATIONAL HEALTH SURVEY ISSUES PRELIMINARY REPORTS
  1937 REPORT OF COMMONWEALTH FUND
  HEALTH EDUCATION IN MASSACHUSETTS
Book and Periodical Notes - - - 178

CHILD LABOR

Report of Advisory Committee on Education Released - - - 180
Book and Periodical Notes - - - 181

SOCIALLY HANDICAPPED CHILDREN

News and Reading Notes - - - 183
  NEW YORK REPORT ON MALADJUSTMENT AND DELINQUENCY
  DELINQUENCY STUDIES LISTED
Book and Periodical Notes - - - 184

GENERAL CHILD WELFARE

Foreign News - - - 185
  CHILD-WELFARE CONGRESS HELD IN CAPETOWN
Book and Periodical Notes - - - 185

OF CURRENT INTEREST

From the Annual Report of the Secretary of Labor - - - 186
News Notes - - - 187
Admiral Grayson - - - 187
Conference Calendar - - - 188

For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

◆

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

◆

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 8 February 1938

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

THE NUTRITIONIST'S PLACE IN THE MATERNAL AND CHILD-HEALTH PROGRAM[1]

By Marjorie M. Heseltine,
Specialist in Nutrition, U.S. Children's Bureau

Nutrition services, unlike many public-health activities, are almost entirely educational in nature. Children whose parents cannot arrange with the family physician for protection against diphtheria may be immunized at public-health conferences. But children whose parents cannot provide adequate food and other forms of insurance against malnutrition are not protected by the direct action of the health department, except by an occasional sample of cod-liver oil or canned or dried milk received at an infant or preschool conference.

Educational work in nutrition as a part of a maternal and child-health program follows two main channels: (1) Education of families, individuals, and food supervisors in child-caring institutions to make the most of whatever resources they have or might have; and (2) education of public and private agencies in the community in the need for supplementing resources so inadequate that the intelligence with which we may reasonably expect them to be used cannot assure the minimum essentials of good nutrition.

Nutrition in the Home

Public-health workers who deal with families and individuals living in their own homes are faced with a multiplicity of nutritional problems arising from three general causes: Indigence, ignorance, and inertia. A soundly conceived and well-executed educational program may be expected to reduce ignorance and inertia, but can it make any headway against indigence?

Some light on that question is furnished by the recently published results of an extensive study of food-purchasing habits of low-income city families, made by the Bureau of Labor Statistics of the United States Department of Labor and the Bureau of Home Economics of the United States Department of Agriculture.[2]

---

[1] Based on a paper read before the Conference of Illinois Health Officers and Public Health Nurses, Springfield, Ill., December 9, 1937.

[2] *Consumers' Guide* (Agricultural Adjustment Administration, Washington), vol. 4, no. 7 (June 14, 1937).

In the North Atlantic region, where food costs do not vary widely from city to city, the families spent from less than $1.60 to more than $4 per food-consumption unit per week. At all levels of expenditure from $1.60 to more than $4, some families were getting a diet that was more than adequate, some a diet that met all known nutritional needs but had a smaller margin of safety, and some a diet that failed to meet minimum requirements in one or more of the known dietary essentials. Naturally few families who spent only about $1.60 a week per unit for food had first-class diets, but the conclusion seems inescapable that, once resources meet even the theoretical minimum, the wisdom with which those resources are used is of primary importance.

These figures were based on studies of urban families who bought the major part of their food supply. Many public-health workers deal with families who produce most of their food supply and buy very little. We have long since discarded the notion that all farm families are well fed. It is probably safe to say that only those farm dwellers are likely to have an adequate diet who are so convinced of the value of good nutrition that they will spend for food the money that might be used to purchase farm machinery or will give to a garden and an orchard land, time, and energy that might otherwise produce several additional acres of a cash crop.

Nutrition in a Health-Conservation Program

Educational efforts appear to be worth while, therefore, even with families whose resources seem meager. Nevertheless, there are families so lacking in resources that no amount of intelligence would enable them to provide the essentials of good nutrition. If public-health workers are to salvage the children in this economically dependent group, they will have to convince those who are responsible for appropriating funds for assistance that it is a good investment to spend money to conserve health. During the period of emergency relief, physicians, public-health nurses, and nutritionists played an important part in the effort to raise food allowances to a level at which good nutrition could be maintained in healthy individuals and in providing supplementary assistance for those with special dietary requirements. At present, when policies for permanent programs of aid to dependent children are being formulated, public-health workers can continue to encourage welfare boards to provide for the nutritive needs of the growing child.

Nutrition in Institutions Caring for Children

Not all children reached by public-health workers are living in their own homes. Children under institutional care are often equally the responsibility of the local public-health agency.

Since 1934 the Children's Council of the Welfare Federation of Cleveland has employed a nutritionist on a part-time basis to work with food administrators of camps and institutions receiving financial support from the Community Fund. Her work is threefold: (1) To advise the fiscal boards of the institutions on budgets for adequate nutrition; (2) to help the food managers to provide nutritious and palatable food on the budget allowed; and (3) to assure the public supporting the institutions that nutritional needs are being met with economy of expenditure. At the end of 3 years of work, the diets in the institutions receiving the consultation service were measurably improved. This change for the better was not accompanied by a corresponding increase in costs. On the contrary, during 1935 in 13 institutions $7,000 less was spent for food than in the preceding year, in spite of slightly higher food prices.[3]

Staff Education in Nutrition

The nutritionist in a public-health agency is a staff educator, whose job is to see that all public-health workers who come in direct contact with the public or who prepare popular educational material are in agreement as to fundamentals of nutrition in relation to health. The statement is sometimes made that one function of the nutritionist is to keep her public-health colleagues informed on what is new in the field of nutrition. A more important function is to keep them informed on what is still true and to tell them how to present these fundamental facts so that families will not only believe them but practice them.

Public-health workers look to the nutrition consultant for usable tools in presenting information on nutrition--simple and readable printed material, posters, food models, easily set up but effective exhibits. If the nutrition consultant is near at hand, her colleagues will ask her advice as to means of dealing with specific problems. She may be invited to make some home or conference visits to gain first-hand knowledge of situations faced by nurses and to demonstrate effective teaching methods.

---

[3] Ball, Victoria Kloss: A New Field for Home Economics Workers. *Journal of Home Economics*, vol. 29, no. 8 (October 1937), pp. 526-530.

Coordination of Nutrition Services

A good nutrition consultant can do much to coordinate the nutrition teaching of her colleagues. But her job of coordination will reach far beyond the confines of the public-health department. In almost every locality some other agency is carrying on educational activities that include nutrition or closely related subjects. Many of these agencies are making an important contribution to public health, and their work should be taken into consideration in formulating plans for nutrition service to a community.

Public-health workers have expressed the opinion that the success of agricultural extension workers in encouraging low-income farm owners and laborers in the South to plant gardens has been a major factor in the declining incidence of pellagra.

In rural areas the home-demonstration agents, aided by specialists from the State land-grant colleges, have developed nutrition projects for groups of adult homemakers and for boys and girls enrolled in 4-H clubs.

The bureau of maternal and child health in one State has cooperated with the State department of education and vocational education in organizing a course in infant hygiene that is given extensively throughout the State to older school girls. Staff members assist in preparing teachers-in-training to give the course, which includes nutrition.

There is probably no more important opportunity for boys and girls of school age to learn nutrition than by practicing it during the school lunch period. Whether all or part of the lunch is prepared at the school or the school provides facilities for serving food brought from home, the school lunch can and should be made an integral part of the health program of the school.

The danger that a public-health agency will duplicate the work of agencies already engaged in educational activities in the field of nutrition is lessened by the employment of a nutrition consultant. The county nurse and the county home-demonstration agent carry on generalized programs, and each needs guidance from a specialist whose first responsibility is to the agency she represents. The nurse looks to the public health nutrition consultant, the home agent to the extension nutritionist. These two State specialists in turn are in such close communication with each other that they can help their local workers to take full advantage of their cooperation. Each recognizes in the other a much-needed ally in a common cause, to enable the children of the State to achieve the full physical potentialities of their birthright.

SERVICES BY NUTRITIONISTS ON STATE MATERNAL AND CHILD-HEALTH STAFFS

Nutritionists were employed on the staffs of the maternal and child-health divisions of 17 State health departments by January 1, 1938. Typical services of nutritionists on State staffs are described in the following summary of reports from eight States.[1]

Direct Services and Related Consultations

Nutritionists in six States consulted with women attending prenatal or well-child conferences conducted by State or local health departments.

In Utah and Washington nutritionists consulted with mothers attending diagnostic clinics for crippled children held as part of the social-security program. In Massachusetts two nutritionists who gave full time to clinics for school children held by the division of tuberculosis control received technical direction from the nutrition supervisor in the child-hygiene division.

Consultations regarding persons presenting special nutrition problems were reported by nutritionists in seven States. The professional workers with whom these conferences were held included physicians, public-health nurses, dentists, and social-welfare workers. Home visits at the request of these professional workers (sometimes in company with them) were reported by nutritionists in five States.

Educational Activities

All eight States reported preparation of bulletins, leaflets, news releases, or other material for the use of school teachers and health and welfare workers, or for general distribution. Five States reported work on study outlines and lists of references. The nutritionist in Maine arranged for the circulation, through the State library, of authoritative and readable books on nutrition, and reported that the books were in constant demand. This worker carried on through her own office a loan service making available charts and food models. The nutrition service in Massachusetts lent posters. The nutritionist in Utah lent not only posters and other exhibit material but also litters of white rats for nutrition experiments.

---

[1] These reports were from Illinois, Maine, Massachusetts, Michigan, New York, Ohio, Utah, and Washington and covered at least 6 months of service prior to June 30, 1937.

Preparation of exhibits for use on special occasions (at fairs and meetings--medical and educational) and in health centers and schools was reported from six States.

Analysis of family budgets and drawing up of new budgets and of food allowances were services that the Maine nutritionist offered to public-welfare agencies. In four States recipes and menus for use in group feeding were made available to Works Progress Administration nursery schools, boards of education, school-lunch managers, and directors of summer camps.

Instruction in organized classes was reported by the nutritionists in all eight States. Institutes or round tables in nutrition for public-health nurses were held in seven States. Nutrition classes for professional workers other than nurses were reported from four States. These groups included social-welfare workers, teachers and student teachers, and dietitians.

Public talks and demonstrations dealing with nutrition and related subjects were given by nutritionists in all eight States. Both adult and school groups were reached. Among the agencies sponsoring the talks were: County health departments, parent-teacher associations, mothers' clubs, church organizations, county or community-welfare organizations, and local departments of education.

Conferences Regarding Organization and Development

Conferences with workers in district and county health agencies regarding the development of nutrition services in local areas were reported by six States. In all eight States nutritionists conferred with representatives of other agencies concerned with nutrition and related problems.

Public-health nutrition programs were explained to groups of professional workers in fields allied with that of the public-health nutritionist, such as State and local medical, dental, and nursing associations, home-economics and dietetic associations, and teachers' associations.

Demonstrations and Other Special Projects

Nutritionists took part in or directed demonstration projects in five States. In Maine the State bureau of welfare enlisted the help of the nutritionists in a community demonstration of child-welfare work.

Massachusetts had several demonstrations in progress during the past year: (1) Nutrition service in two county health units; (2) improvement of school lunches through consultation and through an intensive summer course for managers; (3) nutrition service in a community; (4) improvement in dental health through education in nutrition; and (5) nutrition in a health-education project in the public schools of selected communities.

The New York nutritionists were concerned especially with a demonstration of nutrition service in two counties in widely separated parts of the State.

The Illinois nutritionist was lent by the State department of public health for 4 weeks' service in a flooded area in the southern counties of the State. She organized and supervised the food service in several refugee camps, prepared special diets for hospital patients, set up stations for feeding infants and children, and worked with nurses in giving instruction in food preparation to mothers of infants and young children.

Surveys and Studies

School-lunch surveys were made on a State-wide or local basis in three States. In Maine the food service in a State normal school was reorganized after a study and recommendations had been made by the nutritionist.

The nutritionist in Ohio devoted 3½ months to a survey of the need for nutrition programs in representative counties of the State. The findings from this survey led to provision in the 1937-38 budget of the child-hygiene division for the salaries of two nutritionists to develop programs in each of two county health units.

CHILDBIRTH CAN BE MADE SAFER

By Edwin F. Daily, M.D.,
Director, Maternal and Child-Health Division, Children's Bureau

Many of the 150,000 deaths among mothers and newborn infants in the 2,000,000 families in the United States where there is a birth during a year's time can be prevented. This is not an idle statement, for physicians in all parts of the country who have made careful studies of these deaths, agree that between one-half and two-thirds of these deaths can be avoided.

The provision of intelligent prenatal care for expectant mothers has in some communities and some hospitals almost eliminated eclampsia (convulsions) as a cause of death. The maternal mortality rate for eclampsia in the United States has dropped 36 percent in a period of 6 years. Eclampsia rarely occurs in the large maternity hospitals or in the practice of obstetric specialists where the patients receive intelligent prenatal supervision.

The provision of more adequate medical and nursing services during delivery and hospital care when necessary will lead likewise to a reduction in the number of deaths from infection, hemorrhage, and other complications of pregnancy and labor.

The number of criminal abortions with their appalling mortality would probably be greatly reduced if every mother in the United States could be assured that resources were available so that she might receive competent care throughout her pregnancy, at time of delivery, and for her newborn infant.

Experience of Maternity Hospitals

That the maternal mortality rates in certain well-equipped and competently staffed maternity hospitals are far lower than for their communities as a whole is shown by the following reports.

The maternal death rate at Boston Lying-In Hospital was 39 percent lower than for the State of Massachusetts:

> Boston Lying-In Hospital, 1933-36, 17,558 deliveries (in hospital and homes) -- maternal mortality rate, 35 per 10,000 live births.
>
> State of Massachusetts, 1933-36, maternal mortality rate, 57 per 10,000 live births.

The maternal mortality rate at New York Hospital was practically one-half that of the State of New York:

> New York Hospital (Cornell), 1932-36, 14,157 deliveries -- maternal mortality rate, 28 per 10,000 live births.
>
> State of New York, 1932-36 -- maternal mortality rate, 55 per 10,000 live births.

The maternal mortality rate at Chicago Lying-In Hospital was practically one-half that of the State of Illinois:

> Chicago Lying-In Hospital, 1931-36, 16,003 live births (in hospital and homes) -- maternal mortality rate, 26 per 10,000 live births.
>
> State of Illinois, 1931-36 -- maternal mortality rate, 51 per 10,000 live births.

Reports from other good maternity hospitals in various parts of the country are similar.

Experience of Obstetricians

If statistics were available they would doubtless show that maternal and infant mortality rates in the private practice of most obstetric and pediatric specialists are lower than the rates for their communities as a whole.

Most physicians who include obstetrics in their general practice deliver relatively few women each year. A physician who delivered 50 patients a year, by the laws of average, would not be likely to have a maternal death more frequently than every third or fourth year. General physicians therefore seldom realize the extent of maternal mortality in the country as a whole.

Experience of Certain Agencies

Of greatest interest in showing how these deaths can be prevented are the numerous instances in various parts of the country where the efforts of public and private agencies have markedly reduced the maternal and infant mortality rates.[1]

---

[1] It is recognized that maternal mortality rates for certain agencies caring only for women in the second and third trimesters of pregnancy are not entirely comparable with the mortality rates

The Maternity Center Association of New York in a recent report showed that the maternal mortality in a group of approximately 5,000 patients who had been under supervision during the prenatal period was only 24 per 10,000 live births, compared with 62 per 10,000 live births for patients living in the same area but not receiving prenatal supervision. In other words, maternal mortality was reduced 60 percent by proper prenatal care. In addition, the stillbirth rate was almost cut in half as was also the death rate of infants under 1 month of age.

The clinic staff during its first 2 years delivered more than 1,000 patients. The mortality rate for the mothers who had attended the clinic before delivery was only 25 per 10,000. For women who were first seen at time of delivery, the rate was 180 per 10,000, more than seven times as high.

The Charlotte (N.C.) Maternity Clinic has reduced the percentage of deliveries by midwives from 20 to 6.6 in 4 years' time and has lowered the maternal mortality from one of the highest to one of the lowest in the State. This clinic offers maternal care only to women unable to pay for care and deals with a group in which there is a high incidence of syphilis, heart disease, nephritis, tuberculosis, and toxemia of pregnancy.

The Cleveland Child Health Association reports that prenatal group-instruction classes are held in all parts of the city and are available to any expectant mother in the city. One thousand and thirty-eight classes, or about 100 a month, were held in 1936. One hundred and fifty-six Cleveland physicians referred patients to the classes.

Among the 2,595 women delivered in 1936 who attended the classes there were only 2 deaths--a maternal mortality rate of 7.7 per 10,000 live births compared with 38 per 10,000 live births for the city as a whole. As all classes of patients were included in the program, these are comparable figures.

The work of this group in Cleveland warrants the careful consideration of everyone interested in maternal welfare.

At the Chicago Maternity Center, where between 2,000 and 3,000 cases are cared for each year, over a period of 4 years the maternal death rate was only 14.2 per 10,000 live births, including deaths of patients who were transferred to a hospital for delivery. This center provides complete medical and nursing care (prenatal, delivery, and postpartum) in the homes of the poorest section of Chicago.

Newer Ventures

The Maternity Demonstration Unit in Las Animas County, Colo., under the cooperative effort of county, State, and Federal authorities, has now been functioning for more than a year. The program is one combining health service and health education. Four specially qualified public-health nurses assist the local physicians in caring for needy mothers and their babies. The service covers prenatal, delivery, and postpartum care to patients in their homes. It also covers the teaching of proper hygiene for mothers before and after confinement and the proper care to be given the infant and preschool child.

The report of the Las Animas Maternity Demonstration Unit states that during the first year of the demonstration 333 families received attention. The nurses assisted the physicians with 202 home deliveries and made 2,414 home visits. The babies at whose birth the nurses assisted were kept under supervision.

As an aid to local physicians in improving obstetric practice in Gibson County, Tenn., nursing service at time of delivery has been offered by the health department since October 1936. Two nurses have been added to the staff for the purpose, the delivery nursing service being carried as part of the generalized program. The supervising nurse and one staff nurse spent 3 months each at the Chicago Lying-In Hospital in preparation for this service, and two additional members of the staff will be specially trained in 1938.

During the first 3 months the staff assisted in 68 deliveries and 169 cases were registered with the department for future care. Assistance was given to nearly half of the doctors in the county.

---

for the community as a whole, which would include all deaths assigned to pregnancy. It is also recognized that the period of study by some of the agencies quoted does not allow for a sufficient number of cases to yield final conclusions. However, the differences in the rates quoted are so great in most instances that even when all factors are considered the rates for these agencies are significantly lower.

Cases must now be registered before the fifth month of pregnancy if they are to receive service at delivery.

There are many evidences in the county that this new idea is appreciated by the physicians and by the public. One doctor, who was told firmly at 4 a.m. that a public-health nurse could not be present at one of his deliveries because the patient had not been registered in advance, accepted the situation gracefully and registered seven antepartum cases the next morning.

Conclusion

These reports and similar ones from selected areas are evidence of what could be accomplished if competent maternal care were provided for all mothers now unable to obtain it. Further reduction of maternal and infant mortality rates will depend to a great extent on the realization by each community of its responsibility in providing such care.

Providing funds for payment for medical and nursing services in itself will not lower maternal and infant mortality rates. Physicians who have had more clinical obstetric training and experience than the average practitioner today and who are interested in providing good maternal care must be made available in all parts of the country. Obstetric education can only be improved slowly. Several thousand public-health nurses with obstetric training are needed to assist the physicians. It will take many years to qualify a sufficient number of nurses for this type of service. Maternity hospitals equipped to handle safely all emergencies and complications and staffed with competent obstetric consultants are lacking in most communities today. In addition many mothers need, more than anything else, sufficient nourishing food and opportunities for rest. The planning, building, and administration of hospitals present many great difficulties.

All these services cannot be provided immediately in all communities. However, they are needed and eventually will be made available to all our people. As the late Dr. Whitridge Williams, Professor of Obstetrics at Johns Hopkins University School of Medicine, often stated: "When the women of America realize the value and need for adequate maternity care they will demand it; then, and then only, will they get it."

CHILD-WELFARE TRAINING PROGRAMS

In an effort to strengthen the staff of child-welfare services and to improve the quality of service, 40 States and Alaska have included in their plans for child-welfare services, approved for the fiscal year 1938, some provision for training workers.

Eighteen States have provided for more than one type of training for staff members; 25 States (including Alaska) have included plans for educational leave for staff members to attend a recognized school of social work; 19 States have added to the staff a special consultant or supervisor of training in recognition of the value of more adequate supervision in developing capacities and improving the services of child-welfare workers; 9 States have established training units. In 5 localities these training units work in cooperation with approved schools of social work which use the units for field work for a small number of their students. In 7 States where circumstances made it necessary to employ a number of somewhat inexperienced persons, institutes were planned in addition to some other type of training.

A definite trend appears toward a predominance of plans for educational leave to attend recognized schools of social work and of plans for supplementing the service given by the regular field supervisor through addition of a training supervisor to the staff.

Federal Grants to States for Maternal and Child-Welfare Services Under the Social Security Act

Federal Funds Available for the Fiscal Year Ending June 30, 1938, and Federal Funds Budgeted in State Plans Approved by the Children's Bureau

February 1, 1938

State	Maternal and child-health services		Services for crippled children		Child-welfare services	
	Federal funds for fiscal year 1938		Federal funds for fiscal year 1938		Federal funds for fiscal year 1938	
	Available[a]	Budgeted	Available[a]	Budgeted	Available[a]	Budgeted
Alabama	$108,079.96	$108,079.96	$82,681.40	$70,000.00	$50,749.71	$49,704.18
Alaska	62,196.06	31,980.00	46,647.64	5,360.00	10,942.31	[b]10,925.00
Arizona	52,384.10	52,384.10	48,760.02	37,282.00	[c]28,582.05	[d]622.50
Arkansas	79,464.09	78,409.93	109,541.97	62,125.00	66,150.02	31,830.00
California	137,364.42	136,396.35	155,219.23	82,156.00	83,689.85	55,565.25
Colorado	94,886.54	92,572.19	74,381.98	61,706.28	28,843.04	27,023.64
Connecticut	52,435.56	47,150.00	91,229.81	60,000.00	30,704.68	19,233.99
Delaware	28,995.82	28,995.82	54,517.65	5,405.00	20,061.67	11,342.50
District of Columbia	37,986.27	37,986.27	54,968.34	45,548.78	19,067.20	11,850.00
Florida	83,713.30	82,665.00	60,885.61	38,458.81	32,352.50	30,685.00
Georgia	127,111.52	127,110.88	143,525.03	....	77,350.99	77,214.03
Hawaii	38,535.61	38,436.05	50,960.66	27,689.50	13,121.55	11,985.21
Idaho	51,808.71	51,808.71	43,141.19	29,160.62	20,655.82	20,575.00
Illinois	221,621.84	171,760.00	236,053.99	115,520.00	74,855.97	60,534.50
Indiana	96,576.98	79,771.07	130,203.49	83,010.00	61,516.50	54,040.00
Iowa	93,013.10	56,087.47	68,679.47	60,641.19	55,968.82	49,650.00
Kansas	99,077.98	62,555.05	60,091.73	46,690.00	41,067.51	35,342.50
Kentucky	88,043.76	86,738.19	82,852.12	74,813.84	71,614.97	71,614.97
Louisiana	97,072.99	93,547.45	115,101.25	....	44,521.02	41,542.50
Maine	71,762.47	62,867.50	48,054.54	40,816.00	31,386.34	24,995.00
Maryland	55,604.07	55,604.07	57,186.51	46.500.00	37,804.41	37,804.41
Massachusetts	86,420.78	86,420.78	96,816.27	93,041.45	31,243.26	15,800.00
Michigan	117,396.07	112,954.90	97,820.16	89,780.91	68,080.01	65,375.00
Minnesota	75,316.29	75,316.29	67,997.56	51,921.00	44,712.47	44,712.47
Mississippi	97,510.26	96,899.06	100,399.86	21,131.50	[e]40,610.62	....
Missouri	130,258.75	92,018.96	64,520.71	60,980.00	58,483.65	52,934.20
Montana	56,303.52	50,749.00	36,873.01	35,000.00	24,830.67	21,100.00
Nebraska	107,524.58	32,091.14	62,520.57	62,520.57	42,018.19	29,199.25
Nevada	87,642.92	39,289.41	50,420.26	1,000.00	14,769.84	14,789.50
New Hampshire	56,230.53	37,877.64	56,172.37	11,900.00	15,385.99	14,835.44

New Jersey	79,311.26	79,297.60	114,095.04	114,095.04	44,950.20	34,080.00
New Mexico	70,155.54	70,155.54	47,541.31	34,034.92	19,824.20	19,815.00
New York	298,077.16	237,480.50	223,274.28	143,869.77	95,369.19	59,419.72
North Carolina	149,924.27	114,227.00	88,355.50	78,430.00	83,905.86	79,470.00
North Dakota	76,462.91	64,191.37	65,008.48	55,000.00	29,262.60	22,240.00
Ohio	157,482.87	110,590.00	114,507.67	124,411.97	96,707.21	64,084.00
Oklahoma	102,973.77	99,228.96	93,986.16	88,039.08	70,958.72	50,228.57
Oregon	79,009.34	72,000.96	71,289.06	48,515.00	36,202.53	34,615.00
Pennsylvania	261,039.59	226,570.00	173,378.72	166,888.82	132,538.76	112,070.50
Rhode Island	38,471.24	38,005.00	58,741.13	36,500.00	[e]10,953.84	....
South Carolina	105,698.75	105,698.75	71,645.42	48,402.65	35,054.71	34,228.75
South Dakota	81,811.82	50,689.69	36,207.73	34,006.12	28,171.71	26,888.00
Tennessee	106,125.70	100,030.00	102,204.49	87,017.00	78,983.04	72,820.29
Texas	281,101.60	203,082.45	161,980.36	144,360.08	123,080.24	96,047.50
Utah	66,201.93	66,201.93	38,576.11	38,576.11	20,826.09	20,500.00
Vermont	66,035.60	39,828.67	39,287.17	19,592.20	17,721.69	15,665.00
Virginia	93,394.27	93,394.27	71,782.02	55,285.03	60,046.59	59,832.01
Washington	53,743.94	51,995.00	57,160.00	57,160.00	24,249.90	23,250.00
West Virginia	73,326.54	66,523.75	69,703.00	47,195.82	43,175.94	42,975.00
Wisconsin	81,013.87	75,555.07	65,871.46	59,842.75	42,494.89	41,933.33
Wyoming	68,301.77	25,200.00	49,410.76	20,000.00	[e]12,848.03	....
Total	$4,982,002.59	$4,226,469.75	$4,292,230.27	$2,921,380.81	$2,348,487.57	$1,902,988.71

[a] Includes, in addition to the allotment for fiscal year 1938, any balance of Federal funds in State July 1, 1937, and any part of unrequested 1936 and 1937 allotments available for budgeting for fiscal year 1938.

[b] Nine months.

[c] Includes $15,234.07 apportionment for 1938, which has not been allotted.

[d] One and one-half months.

[e] Apportionment for 1938. No plan has yet been received.

MATERNAL, INFANT, AND CHILD HEALTH

REPORT OF TECHNICAL COMMITTEE ON MEDICAL CARE ISSUED

The Technical Committee on Medical Care appointed by the Interdepartmental Committee to Coordinate Health and Welfare Activities has submitted a report entitled "The Need for a National Health Program." This has been accepted by the Interdepartmental Committee and made available for distribution.[1]

The report is the first result of eight months' work by the Technical Committee on Medical Care, which is composed of representatives of the United States Public Health Service, the Children's Bureau, and the Social Security Board. Consultants from interested Government agencies were called in conference to supply technical data and to assist the technical committee in its deliberations.

The report gives detailed consideration to the relationship between income on the one hand and health needs and health services received on the other. It states that:

> The greater use of preventive and curative services which modern medicine has made available wait on the purchasing power rather than on the need of community or individual.
>
> * * *
>
> A large proportion of the population--certainly one-third and perhaps one-half--is too poor to afford the full cost of adequate medical care on any basis.
>
> * * *
>
> The health problems of the dependent and low-income families need consideration commensurate with their severity. The amount of medical care obtained by individuals differs with economic status; the well-to-do obtain more, the poor less. This is so notwithstanding the fact that the poor have more sickness and more disability and need more (not less) service.
>
> * * *
>
> Provision through social insurance, or through systematic public assistance, or through both devices, is urgently needed to bring security of income against this common risk which threatens people of small and precarious earnings.

Unmet needs for medical care are considered in this report from two broad approaches: (1) Needs in respect to maternity, infancy, and childhood, which fall in a group by themselves though intimately related to (2) needs in respect to health services precipitated by specific causes of sickness, disablement, and death, not directly associated with childbearing or with the hazards of early life.

In connection with maternal, infant, and child health the report points out:

> The deaths of women in childbirth present a special challenge; with adequate care from one-half to two-thirds of these deaths could be prevented.
>
> Mortality of infants during the second to the twelfth month of life, though showing consistent decline, might be further reduced by as much as one-half. Mortality in the first month of life has declined but little; these deaths also may be reduced by as much as one-half with adequate care of mother and child.
>
> The death rates from the acute communicable diseases of childhood have been greatly reduced; further reduction can be brought about by the application of known measures of prevention and cure. Appropriate treatment of children with rheumatic heart disease will restore nearly two-thirds to normal life. Early treatment of children with infantile paralysis is well known to prevent much crippling.

In regard to the need for more comprehensive public-health services, the report states:

> Apart from the special needs of maternity, infancy, and childhood, the unmet needs of health service are large and diverse. . . . The services needed are equally diverse; in some cases they involve education in the hygiene of living, in other cases they require specific preventive services such as immunizations, diagnosis in the incipient stage of disease, isolation of an infective person in an institution equipped to give appropriate treatment, general medical care, or the special services of professional persons skilled in a particular branch of medicine.

Among the specific aims for a national health program the report includes further reductions in the sickness and death rates from tuberculosis, venereal diseases, pneumonia, malaria, and the chronic diseases of middle and old age, such as cancer, diabetes, and arthritis. It also discusses industrial hazards and the prevention and treatment of mental disease and deficiency.

The report concludes that:

> A good beginning has been made in more recent

---

[1] "The Need for a National Health Program," Report of the Technical Committee on Medical Care. Interdepartmental Committee to Coordinate Health and Welfare Activities, Washington, 1938. 36 pp.

years toward carrying out health activities through well-planned and directed effort, but systematic warfare against disease on a broad front is long overdue. The Committee finds there is need and occasion now for the development of a national health program.

RESEARCH NOTES

National Health Survey issues preliminary reports

"Illness and Medical Care in Relation to Economic Status" is the title of a preliminary report (Sickness and Medical Care Series, Bulletin No. 2, Washington, 1938, 8 pp.) issued by the United States Public Health Service in connection with its National Health Survey.

> In an urban population of some 2,225,000 persons canvassed in the National Health Survey in 1935-36, persons in families with annual incomes under $1,000 represented about 40 percent of the surveyed group; 65 percent of the canvassed population was in families with annual incomes under $1,500, and 80 percent, in families with incomes under $2,000. Almost one-half of the lowest-income class had been in receipt of relief during the year 1935....
>
> For those in the lowest-income group, it is apparent that inadequate diet, poor housing, the hazards of occupation, and the instability of the labor market create immediate health problems.

The figures on income and the frequency and severity of illness show that during the survey year the highest frequency rates observed for both acute and chronic illnesses were those of the population on relief: for acute illness the excess for the relief group was 47 percent and for chronic illness, 87 percent, compared with the rates for the highest-income class. Persons in families just above the relief level (income under $1,000) experienced an illness rate lower than that of the relief population but 17 percent higher than the rate for the highest-income class. One in 250 family heads in the comfortable-income group was not seeking work because of chronic disability; in nonrelief families with incomes under $1,000 the ratio was one in 33; in relief families it was one in 20. "Loss of employability through illness places a burden on wage-earners of low-income families which results in their concentration among the dependent."

The data on medical, hospital, and nursing care in relation to income showed a disproportionately small number of persons disabled by illness receiving hospitalization among the nonrelief families with incomes under $1,000. The greater inadequacy of free hospital facilities in the smaller communities is reflected in the small proportion of persons with disabling illnesses in the relief group who received hospitalization in small cities of less than 25,000 population.

In another preliminary report, "Families Distributed by Income During the Survey Year," (Population Series, Bulletin No. A, Washington, 1938) data on family incomes by color, for each of 81 cities in the United States are given in detail. It is stated that the data on family incomes are released separately because this is the first time information of this type has been available on so large a scale.

The Public Health Service states that it is planned, if there is demand for them, to release also preliminary reports giving distribution of families according to type, occupational class of the head, and number of persons per room; and reports giving distribution of all persons enumerated according to age, sex, color, work status, and family income.

Other preliminary reports of the National Health Survey now available are "Significance, Scope, and Method of a Nation-Wide Family Canvass of Sickness in Relation to Its Social and Economic Setting" and "An Estimate of the Amount of Disabling Illness in the Country as a Whole."

* * * * *

1937 Report of Commonwealth Fund

The Commonwealth Fund, in the Nineteenth Annual Report of the General Director for the Year Ending September 30, 1937 (41 East 57th St., New York, January 1938, 79 pp.), announces the increase of its endowment by $8,000,000 as the result of two gifts from its president, Edward S. Harkness. Grants amounting to approximately $1,800,000 were made during the year from current income, chiefly for the betterment of health, particularly through the provision of rural community hospitals, the encouragement of rural public-health service, the improvement of medical teaching, medical research, and professional education generally.

Ten community hospitals in small towns serving rural districts have been made possible, states the report, and it is hoped that the presence of these hospitals will help to attract well-trained young physicians to country practice. Fifty doctors in their thirties or younger are stated to have settled already in the vicinity of the first six of these hospitals. The Fund also provides a number of scholarships at medical schools for young men who will agree to practice medicine for a term of years in rural communities in Tennessee, Mississippi, or Massachusetts.

New undertakings selected for subsidy during the past year, in addition to those being carried forward from previous years include the following: A study of rheumatic fever in children, at Irvington House, Irvington-on-Hudson, N.Y.; a study of functional disturbances such as pre-eclamptic toxemia, eclampsia, and the pernicious vomiting of pregnancy, and of communicable infections associated with childbirth and abortion, at the New York University College of Medicine; a study of the nature and mechanism of virus infection of the central nervous system in poliomyelitis, at the Johns Hopkins University School of Medicine; and a group of studies on clinical and immunological phases of poliomyelitis, at Harvard University Medical School.

An editorial in the *Journal of the American Medical Association* for January 15, 1938 (pp. 213-214), comments on this report at length and concludes that "much wisdom and nobility of purpose have been manifest not only in the original conception of the Commonwealth Fund but likewise throughout the many years of its administration."

* * * * *

Health education in Massachusetts A recent issue of *Commonhealth*, published by the Massachusetts Department of Public Health is devoted to the subject of health education (vol. 24, no. 3 (July-August-September 1937), Boston). The articles, most of which are by specialists connected with the Massachusetts Department of Public Health, discuss exhibits and materials for health teaching; health education for the community; nutrition facts for teachers; health education in the fields of maternity and infancy, dentistry, and tuberculosis; and related subjects.

BOOK AND PERIODICAL NOTES

A. Health Education

SCHOOL NURSING; a contribution to health education, by Mary Ella Chayer, R.N. Revised and enlarged edition. G.P. Putnam's Sons, New York, 1937. 329 pp. $3.

This textbook, originally published in 1931, is the only one written within many years that is confined to the specialized type of public-health nursing here designated as school nursing. It continues to serve as an up-to-date reference book, bibliography included, on the technical aspects of public health nursing service to children while in school. A chapter has been added on "rural school nursing," and new material has been added to each chapter.

The point of view of the author is expressed in the statement that "in addition to being competent within her own professional field of public-health nursing" the school nurse "must be familiar with the philosophy, aims, methods, and administration of the educational system in which she carries on her activities and to which she must relate all that she does."

THE TRAINING OF THE STUDENT IN WHAT IS INVOLVED IN ADEQUATE MEDICAL CARE, by A.A. Bailey, M.D., and H.G. Weiskotten, M.D. *Journal of the American Medical Association*, vol. 109, no. 26 (Dec. 25, 1937), pp. 2136-2137; editorial comment, p.2144.

The Syracuse University College of Medicine now teaches its students, say the authors, that the responsibilities of a physician make it necessary for him to ascertain that his patient is receiving proper medical care before he allows him to be lost sight of. Lack of cooperation on the part of the patient "merely increases the difficulty of the problem at hand, as such behavior is to be considered symptomatic of some mental disturbance or due to some environmental factors which the physician must search for and correct."

INFORMATION FOR EXPECTANT MOTHERS. Metropolitan Life Insurance Company, New York, 1937. 43 pp.

This small pamphlet "is about the ways in which parents can help to keep their baby healthy and safe before he is born. It also describes various things to do in order to make the time before birth and the delivery period as comfortable and as safe as possible for the mother and the baby." The importance of an early medical examination is stressed, also the need for medical supervision throughout pregnancy and for medical and nursing care at delivery and during the postnatal period.

B. Nutrition

THE MILK PROBLEM, by Dr. H. C. Bendixen, G. J. Blink, Prof. J. C. Drummond, Prof. A. M. Leroy, and Dr. G. S. Wilson. *Bulletin of the Health Organization*, League of Nations, vol. 6, no. 3 (June 1937), pp. 371-504.[1]

In 1931 the Health Organization of the League of Nations studied the milk supply of the United States. The present report is the outcome of a similar investigation carried on in six European countries (Great Britain, Norway, Sweden, Denmark, the Netherlands, and Switzerland). The milk problem is considered in its nutritional, hygienic, economic, and social aspects. Recommendations are made as to further studies covering both broad general questions and specific technical problems.

REPORT ON POPULAR NUTRITION IN CHILE, by Professor Carlo Dragoni and Dr. Et. Burnet. *Bulletin of the Health Organization*, League of Nations, vol. 6, no. 3 (June 1937), pp. 299-352.[1]

At the request of the Chilean Government, the Economic Committee and the Health Committee of the League of Nations each delegated a representative to study the problem of nutrition in that country.

The investigators concluded that there was undernourishment in one section of the population and defective nutrition in the population as a whole. The feeding of children, especially infants, was thought to be the most serious aspect of the nutrition problem; in a good many instances there was "absolutely no milk, even for infants." Poor nutritional status was found to be associated with inadequate income.

This article outlines needed improvements in the production and distribution of food. A long-range program of research and education is suggested as a basis for the formulation of a continuing governmental policy.

NUTRITION AND THE MAINTENANCE OF HEALTH, by Agnes Fay Morgan, Ph.D. *Public Health Nursing*, vol. 30, no. 2 (February 1938), pp. 79-81.

In this article, the first of a series of three on nutrition, the author discusses briefly the relation of nutrition to the maintenance of health at all ages. Forthcoming articles will deal with nutritional requirements and diets in pregnancy and lactation.

C. Child Health

THE HOUSE OF MENDING HEARTS. Irvington House, Irvington-on-Hudson, New York, 1937. No page numbers.

Irvington House, as described in this pictorial pamphlet, is a sanatorium for children with hearts crippled by rheumatic fever--"the cripples who do not limp." Irvington House has facilities for 150 children, and gives them rest, sunshine, and nourishing food for a period of 6 months or more. The staff carries on research as to the causes of rheumatic fever and ways to prevent recurrent attacks through the study of cumulative clinical records of its patients, bacteriological studies, and experiments.

MAY DAY -- CHILD HEALTH DAY 1938
"SPEED CHILDREN ON THE ROAD TO HEALTH"

---

[1] This bulletin can be obtained from Columbia University Press, New York. Price, 65 cents.

CHILD LABOR

REPORT OF ADVISORY COMMITTEE ON EDUCATION RELEASED

Youth and its educational, vocational, and placement problems, as well as the educational needs of children in the United States, are considered in the report of the President's Advisory Committee on Education, released in February, representing the results of more than a year's study.

Originally appointed to "study the experience under the existing program of Federal aid for vocational education, the relation of such training to general education and to prevailing economic and social conditions, and the extent of the need for an expanded program," the Committee was later requested by the President to give more extended consideration to the "whole subject of Federal relationship to State and local conduct of education." The Committee, with Floyd W. Reeves, Professor of Education, University of Chicago, as chairman, was assisted by a staff of specialists in education, public administration, and economics.

The Committee presents a recommended program covering opportunities in the public schools, education and adjustment of youth, educational services for adults, and certain special topics, such as library service for rural areas, higher education, and vocational rehabilitation of the physically disabled.

In regard to inequality of educational opportunity, the report states that although rural schools are better than formerly, the least satisfactory schools in the United States are now to be found for the most part in rural areas. In 1935-36, the average expenditure per pupil in average daily attendance in urban schools was $108.25 and in rural schools, $67.40.

Federal aid is the only way in which the Nation can move forward in helping localities to provide the level of educational service necessary for the preservation of democratic institutions, the Committee reports. New Federal grants to the States for educational purposes over a period of 6 years are recommended, beginning in the fiscal year 1940 at $70,000,000 and reaching $199,000,000 by the fiscal year 1945. The Committee also recommends continuing present Federal grants for educational purposes of more than $50,000,000 a year.

Continuance of the Federal student-aid program on a semipermanent basis until 1945, and the placement of this service, the Civilian Conservation Corps, and the work projects of the National Youth Administration temporarily under a single new Federal agency, to be called the National Youth Service Administration, are recommended.

Expansion of services for the vocational guidance and placement of youth and for apprentice training is also recommended. The Federal Committee on Apprentice Training should be given increased funds to promote apprenticeship training in industry for the skilled occupations, and employment counseling services in public employment offices should be much enlarged, the Advisory Committee believes.

The inadequacies of existing facilities for, and the increasing importance of, vocational guidance are pointed out in the report, which states that "the ever-increasing complexity of our industrial economy emphasizes the need of young persons for vocational guidance in choosing and preparing for occupations that will be suited to their respective abilities, needs, and interests, and in which they will have opportunity to secure employment."

Although there has been some development in this field, the report states that guidance service was until recently almost wholly lacking in rural high schools; that information concerning occupations and occupational trends and outlook is insufficient; and that relatively few trained counselors have been available.

The development of junior divisions in public employment offices has been greatly extended within the last 2 years by the activities of the National Youth Administration. Nevertheless, it is estimated that there are probably fewer than 100 cities in the United States in which specialized junior-placement services are organized either under the schools or in connection with public employment services.

It seems clear to the Committee that up to the time when pupils leave school, the schools can perform more effectively than any other agency the task of vocational guidance, integrating it with the educational program. The Committee believes, however, that the major effort to provide adequate employment counseling and placement service for out-of-school youth, as well as for adults in need of such service, should be made through the public employment offices.

BOOK AND PERIODICAL NOTES

REPORT ON PROGRESS OF THE WORKS PROGRAM, December 1937. Works Progress Administration. Washington, 1938. 112 pp.

This report begins with a brief review of the works program indicating the nature of its operations and the setting within which it has functioned. The sections that follow deal successively with projects, employment, funds, and the several public-aid programs from their inception, with emphasis on the calendar year 1937.

The chapter on the National Youth Administration states that the NYA was established by Executive Order No. 7086 on June 26, 1935 and that:

> The NYA has patterned its student aid after a program of the Federal Emergency Relief Administration which, during the school year 1933-34, first began helping college students in continuing their education. This type of aid was extended under the NYA to include high-school students (and some grade-school students, 16 years of age or more) as well as graduate students of colleges and universities. Paralleling the student-aid program but conducted for youths who are no longer in regular attendance in school is the work-project program of the NYA through which part-time employment is provided for young persons in need. These work projects for youths constitute a specialized type of public assistance that had not been carried on as a separate program prior to the establishment of the NYA. Completing the undertakings of the NYA are activities directed toward the establishment of job training, counseling, and placement services for youth. The work of the NYA has been carried on under the general supervision of the WPA Administrator and under the immediate supervision of an executive director appointed by the President.

There is also a chapter on the National Research Project on Reemployment Opportunities and Recent Changes in Industrial Techniques.

HOW FARE AMERICAN YOUTH? by Homer P. Rainey and others. D. Appleton-Century Co., New York, 1937. 186 pp. $1.50.

This report of the American Council on Education to the American Youth Commission deals with employment and unemployment of youth, health and recreational facilities, citizenship, rural conditions, Negro youth, and youth and the home.

Young persons 16 to 24 years of age, inclusive, are for the most part considered as a single group. One chart, however, shows the relative proportion of youth in each year of age who are in school, on the job, and unemployed. Some attention is given to the protection of children under 16 from industrial exploitation by the NRA codes while they were in operation and to the need for Nation-wide uniform regulations to abolish the evils of child labor.

TREND OF CHILD LABOR 1927 to 1936, by Ella Arvilla Merritt. Reprinted from *Monthly Labor Review*, December 1937. Bureau of Labor Statistics, Washington, 1938. 20 pp.

This article was prepared in the Industrial Division of the Children's Bureau, and single copies of the reprints are available from the Children's Bureau while the supply lasts. It contains tables showing for each State and city that reported to the Children's Bureau the number of first regular employment certificates issued to children 14 and 15 years of age and to minors 16 and 17 years of age in 1927, 1929, 1932, 1934, and 1936, and percentage of change in 1936 as compared with 1932 and 1934. It also gives information on the sex and schooling of children going to work not contained in the article, Child-Labor Trends of a Decade, that appeared in *The Child* for December 1937.

SOME CHARACTERISTICS OF JEWISH YOUTH IN NEW YORK CITY, by Nettie Pauline McGill. *Jewish Social Service Quarterly*, vol. 14, no. 2 (December 1937), pp. 251-272.

This analysis, based on a sampling of the entire youth population of New York City, was made in connection with its youth study by the Welfare Council of New York City with the assistance of the Works Progress Administration.

The essential facts as to the comparative occupational distribution of Jewish and non-Jewish youth are summed up as follows: Although they form 33 percent of the employed population 16 to 24 years of age in New York City, Jewish youth constitute 56 percent of the youth of this age group employed in proprietary and managerial work, 43 percent of those in clerical and sales positions, 37 percent of those in professions, 24 percent of those in skilled and in semiskilled types of work, 10 percent of those in unskilled employment, and 5 percent of those in service occupations.

The extent of unemployment was found to be less among Jewish than among non-Jewish youth. This seems to be due to the higher educational attainment of the Jewish group as a whole, for when comparison is made of groups of similar educational level the advantage of Jewish over non-Jewish youth disappears. College graduation appeared to be four times as common among Jewish as among non-Jewish boys and young men.

(Reprints, 15 cents each, from the Welfare Council of New York City.)

YOUTH IN BRITISH INDUSTRY, by John Gollan. Victor Gollancz, London, 1937. 344 pp. 6s. net.

The Trade Board Acts of the early twentieth century are named by the author as being the first for seven centuries, with the exception of the apprentices' statute of Queen Elizabeth, that give "any hint of social legislation in the way of regulation of wages and conditions of work" for British youth. The Factory Acts of the nineteenth century he places in an entirely different category, "being concerned only with the prohibition of children from laboring or with the regulation of the number of hours which can be worked."

The basic British industries--textiles, mining, metal, engineering and transport industries, the building trades, food and service industries, distributive trades, and clerical occupations--are examined in turn for the extent to which they employ young workers and under what conditions. The author is especially concerned with the dwindling opportunities for apprenticeship, and with the increasing extent to which children leaving school seemingly are taken into "blind alley" jobs only to be turned adrift at the age of 18 or 20 without jobs and without skill.

The immediate program proposed by the author includes raising the age for leaving school to 16 years with compulsory part-time attendance at day continuation schools to 18 years; a new system of training and apprenticeship under which every factory and workshop would be required to participate in the training of young workers with regular promotion and higher wages year by year to an agreed adult standard; the further extension and unification of protective and health legislation for young workers; and the revision of benefit scales and unemployment-assistance scales for unemployed youth.

OPERATION OF THE SCHEME OF AUTHORIZED COURSES OF INSTRUCTION FOR UNEMPLOYED BOYS AND GIRLS. Sixth report, National Advisory Council for Juvenile Employment (England and Wales). H.M. Stationery Office, London, 1937. 21 pp. Price, 4d. net.

The average number of unemployed girls and boys attending authorized centers and classes in England and Wales is reported to have increased during the period 1934-36 from 12,279 to 20,392.

An interim report on the provision of meals for juveniles attending junior instruction centers is given in the appendix.

GREY CHILDREN; a study in humbug and misery, by James Hanley. Methuen & Co., 36 Essex St., London, 1937. 230 pp. Price, 7s. 6d.

This book presents a sordid picture of the lives of adults and children in the mining districts of South Wales told largely in the words of the residents. Unemployment, poor wages, and the resultant low standard of living are blamed by school teachers in the area for the malnutrition, lack of opportunities, and lack of ambition among the youth.

The author states: "The extent to which men are now advising their children against adoption of the work to which they themselves, as well as their fathers, and their fathers' fathers have given their whole lives, is one of the most astonishing things about South Wales." The work of the social centers and miners' institutes is discussed.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

NEWS AND READING NOTES

New York report on maladjustment and delinquency

The Joint Committee of the Board of Education of the City of New York for the Study of Maladjustment and Delinquency issued under date of January 1938 its final report (part 5) containing the recommendations and findings of the committee (Board of Education, New York, 1938, 127 pp). Interim reports were issued in July 1936 and in September 1937.

Parts 1, 2, and 3, containing collateral studies by Eugene A. Nifenecker, Director of the Bureau of Reference, Research, and Statistics, are being published separately. Part 4 is a study of the psychological and sociological implications of maladjustment and delinquency by George E. Chatfield, Director of the Bureau of Attendance, and will also be published separately.

The 45 recommendations of the committee are concerned for the most part with improvements in administration, curriculum, and physical facilities and other matters in the general educational field.

One of the recommendations is that the number of recreation centers be greatly increased, that their program be widely diversified, and that they be operated until 10 p.m. on a 5-day schedule (not necessarily school days) through the greater part of the year. Another recommendation is as follows: "The committee believes that inadequate accommodations have a direct bearing on maladjustment and recommends that, in order to meet the needs of crowded schools on all levels, a balanced and integrated program of construction be pursued, and that special emphasis be placed on redressing the balance between vocational and academic high schools."

In addition to the recommendations the report contains a comprehensive survey of the ways in which New York schools are meeting the problems of maladjustment and delinquency and the varying needs of pupils; chapters on various needs -- for a comprehensive program of after-school and community activities; for coordination of the school and home-visiting teachers; for coordination of supplementary agencies and services; for extension of the health program in the schools; and for other improvements.

There is also a chapter on special activities of the schools serving to prevent maladjustment and delinquency. This deals with guidance services in the schools, probationary schools, foster-home care, the Bureau for Children with Retarded Mental Development, the Bureau of Child Guidance, and the placement service of the Bureau of Attendance.

Delinquency studies listed

A list of studies in progress or recently completed in the field of criminology and delinquency is published in the *Journal of Criminal Law and Criminology* for November-December 1937 (vol. 28, no. 4, pp. 495-525). This is Criminological Research Bulletin No. VII, in the series begun several years ago by the Bureau of Social Hygiene of New York City, and is compiled by Thorsten Sellin, Professor of Sociology, University of Pennsylvania, the compiler of several of the earlier lists, and by J.P. Shalloo.

The projects have been grouped into eight sections or subsections: General; criminal statistics; causation; police organization and administration; law, procedure, and the administration of justice; penal treatment--institutional, probation and parole, the effectiveness of treatment. In each section new projects and follow-up notices of projects previously listed are given separately.

BOOK AND PERIODICAL NOTES
(Socially Handicapped Children)

PLAY AND RECREATION FOR CHILDREN AND ADULTS; an educational program for more satisfactory living, by Caswell M. Miles. Physical Education and Recreation, Book VI. University of State of New York, Albany, 1937. 116 pp.

The author of this handbook, who is supervisor of physical education and recreation in the New York State Education Department, states that it "is planned especially to prevent and correct crippling conditions, which may lead to social cripples," and that "it should serve to strengthen the program for those underprivileged in physical and social skill and appreciation." Stress is laid on recreation as a function of education, delinquency prevention through acceptable use of leisure, and recreation as a means to physical education.

Information is included on administrative policies and procedures; recreational facilities, urban and rural, and their uses; and personnel and training. There is a very full chapter on program, with lists of suggested athletic activities for boys of different age groups, typical programs, and sections on play schools, music, dramatics, handcraft activities, games, and rhythms. There is also a bibliography classified by subject.

AN INVITATION TO READ; the use of the book in child guidance. Municipal Reference Library, New York, 1937. 82 pp. 25 cents.

At the suggestion of the Children's Court of New York City, Mayor LaGuardia appointed a special committee late in 1936 to consider the use of the book in child guidance. "An invitation to read" is the list of titles recommended by the Mayor's committee, of which Dr. Frank J. O'Brien, Bureau of Child Guidance, Board of Education, is the chairman. The committee recommends that a collection of these books, and a trained librarian, be installed in a room of the Children's Court where children wait, pending disposition of their cases.

The 277 titles listed are grouped according to reading level (school age) for children 6 to 18 years of age and include fiction, poetry and music, and nonfiction. The committee explains that no title is included that is not familiar to librarians nor one which has not already been read by many children whose reactions to it are known and analyzed.

SCHOOLS AND DELINQUENCY, by Victor H. Evjen. Reprinted from *Character Magazine*. 5732 Harper Ave., Chicago. 35 pp. 25 cents.

The responsibility of the school for the problem child is the general theme of the articles reprinted in this pamphlet, all of which appeared originally in *Character Magazine* during 1937. The author is probation officer of the United States District Court, Northern District of Illinois. Three of the four articles deal with the work of the Montefiore School in Chicago, where nearly 700 unadjusted boys, 10 to 17 years of age, are taught under the guidance of carefully selected teachers and child-study experts.

* * * * *

SOCIAL WORK OF THE LONDON CHURCHES; being some account of the Metropolitan Visiting and Relief Association, 1843-1937. Prepared under the direction of the Executive Committee of the Association and in cooperation with the London Association of Voluntary School Care Committee Workers, by J. C. Pringle. Oxford University Press, London and New York, 1937. 291 pp. $2.

This book is a plea for the renewal of partnership between the British public social services and parochial service such as was practiced by the Metropolitan Visiting and Relief Association from 1843 to about 1905. The history of the association, of which the author is honorary secretary, is given in some detail.

Recent statutes and official reports are mentioned (including the British Unemployment Assistance Act of 1934; Scottish Health Service Report, 1936; First Report of the Advisory Committee, 1937; Reports of the Minister of Health on Maternal Mortality, 1937; and Widows', Orphans', and Old Age Contributory Pensions Act, 1937) as indicating a revival of the parochial idea. The theory of parochial service as expounded by the author involves the training of the clergy and of students for the ministry in professional social work, and especially in family case work. The New York School of Social Work and other professional social-work schools in the United States and Canada are cited as models for the type and standards of training to be followed.

GENERAL CHILD WELFARE

FOREIGN NEWS

Child-Welfare Congress held in Capetown

A report of the Child-Welfare Congress held in Capetown, South Africa, September 13 to 15, 1937, is given in *Kindersorg* (Child Welfare) for November 1937 (South African National Council for Child Welfare, Capetown).

The Honorable J.H. Hofmeyr, Minister of Education and Minister-elect of Social Welfare, gave the opening address. In summarizing progress made in child-welfare activities, Mr. Hofmeyr said, "So far as the State is concerned . . . . the provision which it makes for child-welfare activities is by no means ungenerous. Our expenditures -- State and Provincial -- on the children of our land in all aspects, including education, is something like one-fifth of our national income." He pointed out the need to do more for the rural child, especially in regard to nutrition.

The sessions of the congress dealt with child protection, child health and nutrition, mother and preschool child, the older child, the crippled child, the maladjusted child, the organization of social work in relation to child welfare, and the organization of child-welfare work in rural areas.

Kindersorg (Child Welfare) for January 1938 states that after the end of January the headquarters of the South African National Council for Child Welfare will be at the New Kempsey Buildings, Johannesburg.

BOOK AND PERIODICAL NOTES

SOCIAL RECOGNITION AT THE ELEMENTARY SCHOOL AGE, by Martha Crumpton Hardy. *Journal of Social Psychology*, vol. 8, no. 3 (August 1937), pp. 365-384. Offprinted by the Elizabeth McCormick Memorial Fund, 848 Dearborn St., Chicago.

A study of the friendliness that a public-school group expressed for individual members of the group is described in this article. For 4 years 215 boys and 194 girls were under observation. The children whom other children thought most highly of, as a class, were found to be superior to the average individual in the group in behavior at school and at home, in intelligence and school accomplishment, in health ratings and physical achievement.

EXPLORING GROUP WORK; four study outlines. National Association for the Study of Group Work. Association Press, 347 Madison Ave., New York. 28 pp. 50 cents.

The foreword states that a central objective in creating the National Association for the Study of Group Work is to encourage group workers in local communities to meet together in small voluntary study groups.

The four study outlines included in this pamphlet are offered "to facilitate effective and rewarding inquiry locally, and to provide for the pooling of findings on a national scale." The first of these outlines, Objectives of Group Work, is by Clara A. Kaiser, New York School of Social Work; the second, Formulating Standards in Group Work, by Hedley S. Dimock, George Williams College, Chicago; the third, The Selection and Training of Group Leaders, by Arthur L. Swift, Jr., Union Theological Seminary, New York; and the fourth, Record Keeping in Group Work, by Grace L. Coyle, Western Reserve University, Cleveland.

FABRICS AND DESIGNS FOR CHILDREN'S CLOTHES, by Clarice Louisa Scott and Margaret Smith. Farmers' Bulletin No. 1778, U.S. Department of Agriculture. Washington 1937. 23 pp. For sale by Superintendent of Documents, Washington, D.C., price 5 cents.

The "scientific approach to child care and training has focused attention on the special clothing needs of children. Particularly for infants and young children, clothes are found to have pronounced effect on health and habit formation." It was partly in response to the demand created by this new approach, the authors explain, and partly in response to the demand of producers and consumers for new and better ways of utilizing fabrics made of cotton and wool, that the present bulletin was issued. It is a revision of material previously prepared in the Bureau of Home Economics of the Department of Agriculture and supersedes several earlier leaflets on clothing for children.

OF CURRENT INTEREST

FROM THE ANNUAL REPORT OF THE SECRETARY OF LABOR

The Twenty-fifth Annual Report of the Secretary of Labor for the Fiscal Year Ended June 30, 1937 contains on pages 98-128 the report of the Chief of the Children's Bureau. This summarizes progress made during the year in the development of the program of maternal and child-welfare services in the States under the Social Security Act. It describes advisory work and research studies continued or begun during the fiscal year in the fields of child development, maternal and infant mortality, child labor, adoption of children, illegitimacy, juvenile delinquency, and current statistics relating to child welfare.

During the fiscal year, the report shows, 14 new and 5 revised publications were issued by the Children's Bureau and a total of 1,624,797 publications were distributed. Requests for exhibit material were received from 111 organizations of physicians, dentists, nurses, social workers, parent-teacher groups, and others. Requests for films numbered 149.

The recommendations of the Chief of the Children's Bureau contained in the Secretary's report are quoted below:

1. As the skeleton social-security program for children begins to be clothed with flesh, and as plans are developed for Federal protection of fair labor standards, including child labor, the importance of a correlated approach to the problems of childhood becomes increasingly apparent. With such an approach various kinds of expert service can be developed through Federal and State cooperation to supplement the ability of parents, teachers, and others to foster the physical, mental, and social growth of the child. The scope of the Children's Bureau as a broadly conceived center of information and service in all phases of child life and as a medium for Federal assistance to the States in furthering maternal and child welfare and in promoting and maintaining adequate standards for juvenile employment should be kept intact in any plans for reorganization of Government Departments that may be developed.

2. Expanded resources for fundamental research in all the fields of maternal and child welfare and for maintaining and developing current statistical reports, which furnish a basis for measurement of trends, are absolutely essential as a foundation for sound policies of administration of maternal and child-welfare services. . . .

3. Expanded resources for reporting promptly and effectively to the public the results of research and experience in the best methods of child care and training and in the administration of health and social services for mothers and children are also needed. . . .

4. The appropriation for maternal and child-health services under title V, part 1, of the Social Security Act should be increased so as to make possible the development in every State of ways of providing adequate medical and nursing care to mothers and infants, especially those in rural areas and small cities, in families whose income is very low. . . .

5. Consideration should be given to extending the program of services for crippled children under title V, part 2, of the Social Security Act to include all physically handicapped children, and studies should be made of the medical and social needs of feeble-minded and other mentally handicapped children.

6. The program of child-welfare services under title V, part 3, of the Social Security Act should be further developed in order that adequate services may be made available to all children in rural areas for the purpose of preventing dependency, neglect, and delinquency.

7. Facilities should be made available for cooperative demonstrations, on an adequate scale from the point of view of both research and service, of methods of community organization for the prevention and treatment of juvenile delinquency.

8. Child labor in industries entering into or affecting interstate commerce should be brought under Federal control through Federal legislation establishing a basic minimum age of 16 years, with special protection of children 16 to 18 years from employment that has been found by research and experience to be particularly hazardous or detrimental to their health and well-being. Administration of such legislation should rest chiefly on the development of cooperative relationships between the Children's Bureau and the State labor departments.

9. The child-labor amendment is needed as a basis for Nation-wide protection of children from employment in the occupations (representing today the chief field of employment of children under the age of 16 years) not brought under Federal legislation relating to the industries that enter into or affect interstate commerce. Ratification of the amendment by the remaining eight States whose action is necessary should continue to be a major objective of all who are concerned with child-labor problems.

10. The maternal and child-welfare provisions of the Social Security Act should be extended to Puerto Rico, whose mothers and children are urgently in need of such services.

11. There should be continuing review by professional and lay groups of the needs of mothers and children for health and social services, the resources and possibilities for providing such services, and the standards of administration that are required to make them effective. It is not enough to carry on what has already been started. The future of America demands the development of a broader and a wiser program for the promotion of the health and welfare of children.

NEWS NOTES

40-hour week in South Carolina textile mills An 8-hour day, 40-hour week, and 5-day week has just been established for employees in cotton, rayon, silk, or woolen textile mills in South Carolina by an act approved by the Governor on February 18, 1938. These hour standards apply to all employees inside or outside the above types of mills, except office and supervisory staff, engineers, firemen, watchmen, shipping, repair shop, and outside crews, carpenters, mechanics, and electricians. Time lost because of accident or other unavoidable cause may be made up to the extent of 30 hours in any quarter of any calendar year, under certain conditions. The Commissioner of Labor is authorized to enforce the act.

The law provides that it shall become inoperative on May 1, 1939, unless Federal legislation of a similar nature has been enacted prior to that date, limiting hours for employees in such mills to 40 hours a week.

In 1936 South Carolina passed an act establishing similar standards in textile mills, to become operative, however, only when Georgia and North Carolina adopted such standards. As these latter States have not passed similar legislation, this 1936 South Carolina law has not yet become effective.

Sixth Vocational Opportunity Campaign The National Urban League announces its Sixth Vocational Opportunity Campaign to take place March 20-27, 1938. This will be carried on through local programs in churches and auditoriums, schools and colleges, and is especially directed toward "stimulating youth to train and prepare for the jobs of tomorrow." Further information and printed program material can be obtained from the Department of Industrial Relations, National Urban League, 1133 Broadway, New York.

American Vocational Association elects officers At the convention of the American Vocational Association in Baltimore, December 1-4, 1937, Thomas H. Quigley, Georgia School of Technology, was elected president of the association.

An account of the meetings of the various sections is given in *School Life* (U.S. Office of Education, Washington, D.C.) vol. 23, no. 5 (January 1938), pages 149-152. The sections were concerned with agricultural education, trade and industrial education, home-economics education, commercial education, vocational guidance, and vocational rehabilitation.

ADMIRAL GRAYSON

The death of Rear Admiral Cary Travers Grayson, U.S.N., chairman of the American Red Cross, occurred on February 15, 1938, at his home in Washington. Admiral Grayson, a Virginian, was 59 years of age. He served as physician to the White House during the administrations of Presidents Theodore Roosevelt, Taft, and Wilson.

Fourth Family Conservation Conference at University of North Carolina

The University of North Carolina has announced that the Fourth Conference on Conservation of Marriage and the Family will be held at the Carolina Inn, Chapel Hill, N.C., April 12-15, 1938. The program for the conference lists 15 scheduled speakers in addition to Professor Ernest R. Groves, director of the conference.

Attendance will be limited to 100, and persons planning to attend are asked to send the registration fee of $3.50 in advance to R.M. Grumman, Extension Division, University of North Carolina.

* * * * *

"Call to Youth" radio series

The National Council of Catholic Women is sponsoring a second annual radio series, "Call to Youth," in cooperation with the National Broadcasting Company, blue network. These programs are broadcast every Saturday during February, March, April, and May, from 12 m. to 12:15 p.m., Eastern standard time, by the National Youth Committee, National Council of Catholic Women (1312 Massachusetts Ave., NW., Washington, D.C.).

Exhibit planned for Women's National Exposition

The Association of Women in Public Health has invited a number of agencies, including the United States Children's Bureau, to send exhibits to the Seventeenth Annual Women's National Exposition of Arts and Industries. The exposition will be held March 28 to April 2, 1938, in the Grand Central Palace, New York. This year the Women's National Exposition of Arts and Industries (247 Park Ave., New York) has assigned a number of booths to the Association of Women in Public Health to be used for this purpose. Agencies which have accepted the invitation include the American Social Hygiene Association, American Society for the Control of Cancer, National Safety Council, National Society for the Prevention of Blindness, and a number of New York organizations. *(Bureau correspondence.)*

CONFERENCE CALENDAR

March 30	American Institute of Nutrition. Baltimore.
April 8	State and Territorial Health Officers. Joint meeting with the Children's Bureau, Washington, D.C.
Apr. 9-10	State and Provincial Health Authorities of North America. Washington, D.C.
Apr. 11-12	Surgeon General's Conference of State and Territorial Health Officers, Washington, D.C.
April 14	Pan American Day. Information and material from Pan American Union, Washington, D.C.
Apr. 19-23	Association for Childhood Education. Forty-fifth annual convention, Netherland Plaza Hotel, Cincinnati, Ohio. Information: Mary E. Leeper, Executive Secretary, Association for Childhood Education, 1201 Sixteenth St., NW., Washington, D.C.
Apr. 24-29	National Organization for Public Health Nursing. Biennial convention, Kansas City, Mo. Information: N.O.P.H.N., 50 West 50th St., New York.
May 2-5	American Red Cross. Annual convention, San Francisco. Information: National headquarters, A.R.C., Washington, D.C.
May 4-8	International Congress of Obstetrics and Gynecology. Amsterdam, The Netherlands.
May 8-11	International Society for Crippled Children. Annual meeting, Cleveland, Ohio. Information: E.J. Howenstine, Executive Secretary, Elyria, Ohio.
May 10-17	General Federation of Women's Clubs. Triennial convention, Kansas City, Mo. National headquarters: 1734 N St., Washington, D.C.
May 15-20	National Congress of Parents and Teachers. Forty-second annual congress, Salt Lake City, Utah. Theme: Changing patterns for group living. National office: 1201 Sixteenth St., NW., Washington, D.C.
June 13-17	American Medical Association. San Francisco. Information: A.M.A., 535 North Dearborn St., Chicago.
June 20-23	National Tuberculosis Association. Annual meeting, Los Angeles. Information: N.T.A., 50 West 50th St., New York.
June 20-24	Canadian Medical Association. Sixty-ninth annual meeting, Halifax, Nova Scotia.
June 26-July 2	National Conference of Social Work. Sixty-fifth annual meeting, Seattle, Wash. General Secretary: Howard R. Knight, 82 North High St., Columbus, Ohio.
June 28-July 1	American Home Economics Association. Hotel William Penn, Pittsburgh, Pa. Information: A.H.E.A., Washington, D.C.

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

52302-O U. S. GOVERNMENT PRINTING OFFICE 1938

THE Child

Monthly News Summary
with
Social Statistics Supplement
[PRINTED SEPARATELY]

MARCH-APRIL
1938

Volume 2
Numbers 9 and 10

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

U. S. SUPERINTENDENT OF DOCUMENTS
JUN 3 1938

THE CHILD — MONTHLY NEWS SUMMARY

RWC

Volume 2, Numbers 9 and 10 March-April 1938

CONTENTS

PAGE

MAY DAY — CHILD HEALTH DAY 1938 - - - - - - - - 192

SOCIALLY HANDICAPPED CHILDREN

Responsibility of the State in Child Adoption, by Mary Ruth Colby - - - 194
News Notes - - - - - - - - 198
League Advisory Committee on Social Questions Meets at Geneva - - - - - 198
The Advisory Committee on Training Schools - - - - - - - - 199

SOCIAL-SECURITY PROGRAM FOR CHILDREN

Comments From State Health Officers on Resources for Maternal Care - - - 202
April Conferences at the Children's Bureau - - - - - - - - 203
Essentials of a Well-Rounded School Health Program, by Harold H. Mitchell, M.D., and Hortense Hilbert, R.N. - - - - - - - - 205
Two Child-Welfare Plans Approved - - - - - - - - 207
New Child-Welfare Unit - - - - - - - - 207

MATERNAL, INFANT, AND CHILD HEALTH

Notes on Current Studies of the Division of Research in Child Development, by Ethel C. Dunham, M.D. - - - - - - - - 208
News and Reading Notes - - - - - - - - 209
  International broadcast on rheumatic heart disease - - - - - - - - 210
  New forms for live-birth and stillbirth certificates adopted in New York City - - - - - - - - 210
Book and Periodical Notes - - - - - - - - 211

CHILD LABOR

National Labor-Standards Committee Created - - - - - - - - 212
Kansas and Kentucky Decisions To Be Reviewed - - - - - - - - 212
Book and Periodical Notes - - - - - - - - 212

GENERAL CHILD WELFARE

Russell Sage Foundation Announces Study in Social-Work Interpretation - 213
Montevideo Dedicates Statue to Dr. Luis Morquio - - - - - - - - 213
Book and Periodical Notes - - - - - - - - 213

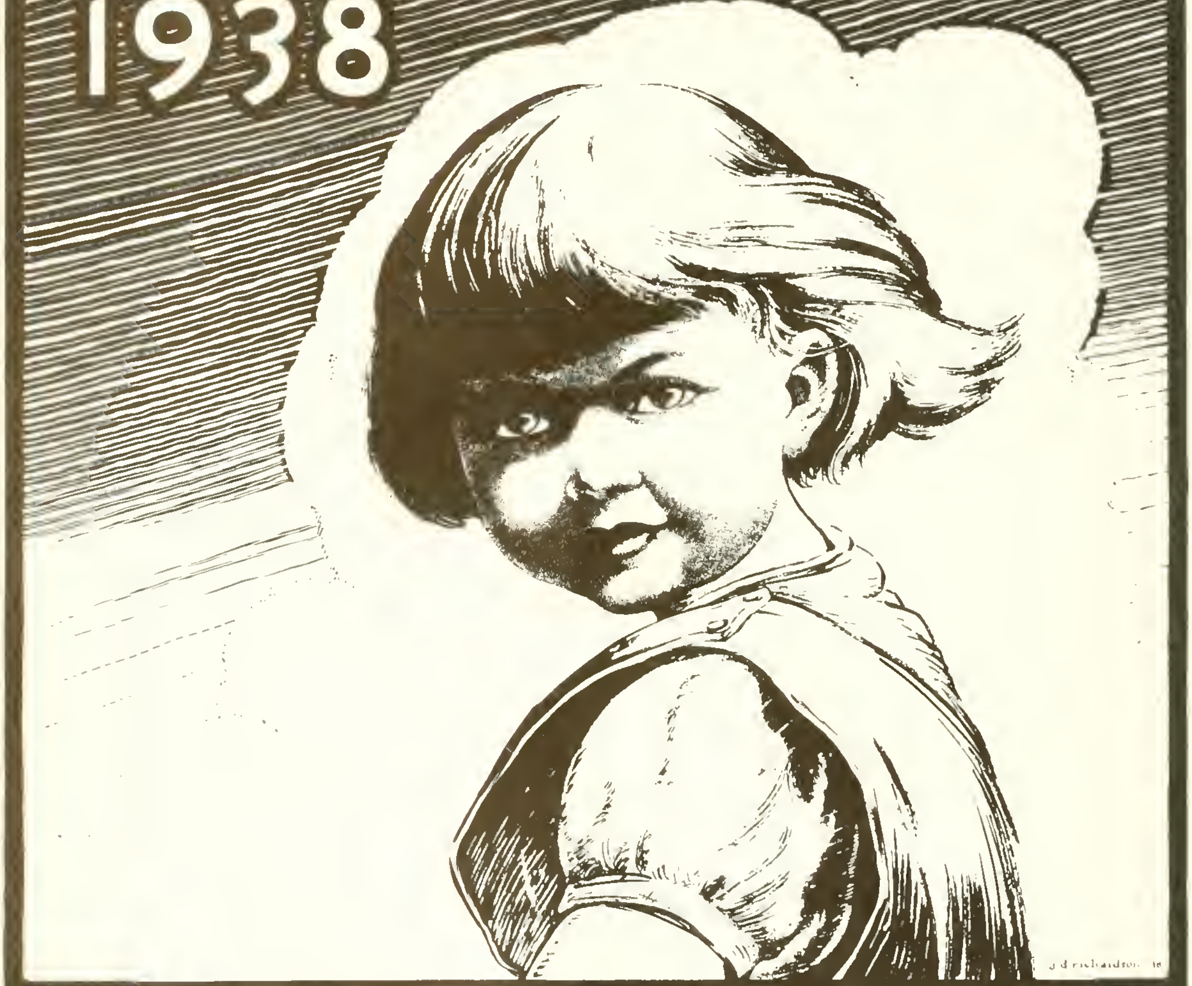
OF CURRENT INTEREST

Twenty-fifth Anniversary of Department of Labor Observed - - - - - - - - 214
Conference Calendar - - - - - - - - 215

PROFESSIONAL AND ADMINISTRATIVE STAFF OF THE CHILDREN'S BUREAU - - - - - - - - 216

For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

MAY DAY
CHILD HEALTH DAY
1938


j d richardson '38

SPEED CHILDREN ON THE ROAD TO HEALTH

CHILDREN'S BUREAU
UNITED STATES DEPARTMENT OF LABOR

SPEED CHILDREN ON THE ROAD TO HEALTH

through

C are of mother before, during, and after childbirth
H ealth supervision by physician
I mmunization against certain diseases
L aws for child protection
D ental care and hygiene--

H ealthful foods
E xercise and play
A mple sleep
L ots of sunshine
T raining in health habits
H appy home--

D evelopment of good posture
A ccident prevention
Y ear-round child-health services in each community

SOCIALLY HANDICAPPED CHILDREN

RESPONSIBILITY OF THE STATE IN CHILD ADOPTION

BY MARY RUTH COLBY,
CONSULTANT IN SOCIAL SERVICE, U. S. CHILDREN'S BUREAU

More than 650 years ago the "great code" of Alfonso V of Castile, known as the "Siete Partidas" recognized the responsibility of the State to give protection to children who were about to be adopted. No child under 7 years of age could be adopted, and it was made the duty of the king to consent to the adoption of a child between the ages of 7 and 15 years if, after investigation, he felt that the one who wished to adopt the child was motivated to do so by good intentions and that it would be to the advantage of the child to have this done.[1]

In the United States it is only within the last 20 years that there has been statutory recognition of the need for State participation in adoption and that the State welfare department has been made responsible by legislation for the investigation of adoption cases and for the general protection of the child placed for adoption. Likewise, legislation authorizing State departments to supervise the work of child-placing agencies has provided another State service in the interests of children placed for adoption.

Adoption establishes a permanent relationship between foster parents and a child often too young to give expression to his desires and, therefore, incompetent to make a decision for his future. Only through an impartial study that will bring to light all the potential values or disadvantages of the adoption either for the child or for the foster parents can the interest of the child be placed before the court. For example, regardless of the seeming desirability of a home, the future welfare of the child will be jeopardized if he is unable to meet the expectations of his foster parents as he grows older. In order to assure satisfactory standards of case work in making investigations, about one-fourth of the States have given the responsibility for making adoption investigations to a State welfare department.

Court action severing the ties between a child and his own parents or relatives is the final process in a situation created by the placement of a child in a family home. The success of an adoption is dependent upon the wisdom of the original placement, since the ties of affection that have developed during the time the child has been in the home cannot be disregarded even when there is a question about the desirability of the adoption.

The selection of a home for a child is a highly specialized service. It must be based on a thorough understanding of the child's background and his potentialities for physical and mental development and on an equally thorough understanding of the foster parents, their motives in adopting a child, the relationships within the family, and the contribution the foster parents can make to the sound emotional and social development of the child. Failure to appreciate the real significance of parent-child relationships or willingness to accept a casual social acquaintance as a prospective foster parent has resulted in many undesirable placements of children.

The development of skilled placement services through a broad educational program is one of the major responsibilities of a State department.

Educational Services of the State Department to Prevent Undesirable Placements

A social agency having on its staff case workers qualified by training and experience in placement of children is best able to give skillful placement services. One of the objectives of the educational program of the State is to further the development of agency services and to make more nearly uniform the standards of child placing throughout the State. The holding of group meetings of executive and staff members of child-placing agencies is one of the methods used to improve agency standards; visiting individual agencies for an intensive study of case records and a discussion of questions of policies and procedures is another method used. The formulation of desirable standards of child placing by the agencies working in cooperation with the State department not only will serve to increase the understanding of the members of the group but sometimes will make possible the acceptance of policies that otherwise might not have been attained for years.

---

[1] Las Siete Partidas Law IV, as translated by Gladys Renshaw, Newcomb College, New Orleans. See "Public Welfare in Louisiana," by Elizabeth Wisner, appendix A, p. 212.

The interest of a State department must often extend beyond the borders of the State when residents, in their efforts to obtain a child for adoption, make use of institutions or agencies located in another State. The improvement of undesirable placement standards should be of interest to both State departments. Cooperation between State departments is one of the best methods of dealing with interstate problems.

Placements of children made by individuals who have no understanding of the problems involved in the selection of a proper home for a child have been the cause of much anxiety to State departments and others interested in the welfare of children. An investigation made at the time the petition to adopt a child is filed may show that the home is most undesirable, but once the child has become an integral member of the family group it is practically impossible to remove him unless actual physical or moral neglect can be proved.

The Children's Bureau in 1935-36 made a study of adoption procedure in States in which the State welfare department had some responsibility for the investigation of adoption petitions. It was found that less than half of the children had been placed in the homes of the petitioners by child-placing agencies and that about one-third of them had been placed by individuals not connected with authorized agencies. Other children had not been placed in a technical sense, since the petitioners were step-parents or persons with whom the child had always lived; in a few instances the child was not in the home when the petition was filed, or no information was available as to the placement.

Reduction in the number of placements made by other than authorized child-placing agencies should be of interest to a State department. Since a large percentage of such placements are made by parents and relatives, it is the responsibility of the State department to develop greater willingness on the part of the child-placing agencies to serve these persons and thereby to prevent the making of placements without proper understanding of all the elements involved. Child-placing agencies should look at the whole placement problem more realistically and should offer their assistance to parents and relatives in order to protect children from haphazard placements.

Studies of adoption have shown that the majority of children adopted are born out of wedlock.

Far too many of these children are placed without the benefit of agency services. In the past, maternity homes and hospitals serving the unmarried mother considered child placement one of their primary functions. Although the more progressive maternity homes have discontinued this practice and are using the child-placing agencies instead, many children are still finding their way into foster homes through these institutions. Supervision of the health aspects of these homes and hospitals by a State agency has been recognized as important. It is equally important that their placement practices be subject to State supervision.

Members of the medical profession have occasionally made placements of these children in an effort to serve their patients, although the Children's Bureau study indicated that this was done much less frequently than had been thought. However, it was apparent that there was a need for a general program of education through the newspapers and professional journals in order to supply doctors with information about the child-placing regulations in the State and about authorized resources available to them if they are confronted with the need of a mother to plan for a child's care or with the wish of a childless couple to find a child for adoption.

Local resources, public or private, must be available in every section of the State to meet the needs of the unmarried mother and her child, and it is the responsibility of the State department to stimulate the development of these resources so that independent placements will not be necessary. Having an active local agency equipped to give service to unmarried mothers would not necessarily mean that children of unmarried parents would be less often available for adoption, but it would mean that when such children were to be placed they could be referred to authorized child-placing agencies and thereby be spared the hazards of independent placements.

Adoption Investigations

Although the development of desirable placement practices is one of the most important factors in the promotion of more satisfactory adoptions, further protection for the child is provided when the State department has direct responsibility for making adoption investigations and reports to the court.

A staff especially qualified for this work is one of the first essentials in the discharge of this responsibility. A competent supervisor of the adoption program can supply the constructive leadership that is so important in the development of satisfactory adoption practices. Even in a State where the number of adoptions is too small to justify the employment of a specialist in adoptions, a degree of specialization can be attained by making a single supervisor responsible for such related activities as developing services for unmarried mothers and supervising child-placing agencies and adoptions.

It is highly important, whatever plan is followed, that the supervisor in charge of adoptions in a State not only be equipped professionally through training and experience but also have good judgment and imagination so that members of the State staff, agency workers, the courts, and others may be stimulated to administer the adoption program of the State in a sound and practical manner.

In some States investigations are made by members of the staff of the State department; in others by local agencies assisting the State department. When a State staff is employed, the selection of qualified persons, as well as satisfactory standards of performance, is the direct responsibility of the State department. Nevertheless, there are certain specific drawbacks when this plan is followed, unless the area covered is compact enough to make all parts of it easily accessible. The worker who comes into a community for the sole purpose of making an adoption investigation is likely to be handicapped at the outset by the limited amount of time available. In addition, ignorance of the most reliable sources of information may result in a more or less superficial inquiry. Only occasionally can the State worker make more than a single visit to the foster home, and even when the foster parents have been notified there is always the possibility that only one foster parent may be present.

On the other hand, when the investigations are made by a local agency the responsibility of the State department is of a different character. Its duty is then to promote high standards of work and to provide consultant services to the local agency. Uniformity in practice is more difficult to attain if local workers are used, but there are specific advantages in having the investigations made by a person who is well acquainted in the community, who knows the relative value of information obtained, and who can delay a decision about the adoption until several visits have been made to the home.

It should not be necessary to reinvestigate the adoptions of children placed and supervised by authorized agencies, provided the State department is acquainted with the child-placing activities of the agencies. However, the department has a double responsibility for the protection of children in adoptive homes who have not been placed and subsequently supervised by a child-placing agency. The report to the court should not ignore the practical aspects of the situation if the respect and cooperation of the judge are to be retained, but it must provide a basis for granting or rejecting the adoption petition, always with the welfare of the child in mind.

Many puzzling questions must be considered carefully before any recommendation is made to the court. Should a child be permitted the security he can obtain from adoption by a family of which he has long been a part, even though to all outward appearances the family has little to offer? Is the department justified in disapproving an adoption without making an alternate plan for the child? Should the department take the responsibility for making other plans for a child when adoption cannot be approved or refer the matter to a cooperating public or private agency? If the case is referred to another agency for action, should the department be assured that action has been taken before finally closing the case?

Adoption petitions by relatives frequently are the most difficult of all adoptions coming to the attention of a State department. In the investigation of these cases infinite care must be taken to provide the court with a knowledge of the motives underlying the adoption, of the child's adjustment to the home, and of the attitudes of both the related and the unrelated petitioner to the proceeding. In the Children's Bureau study it was found that the investigations of adoptions by relatives were oftentimes much less comprehensive than investigations in other cases, yet instances were found of stepfathers who wished to adopt in order to gain control of a child's trust fund, grandparents who were petitioning to adopt in order to obtain a settlement from the father of their daughter's child or to triumph over the child's father, and relatives who were adopting from a sense of duty rather than because of any true affection for the child. The welfare of the child is the paramount issue in every adoption, and it is the duty of the State department to make certain that this is not overlooked whether relatives or strangers are the petitioners.

Services to the Courts

A cordial working relationship between the State department and the courts hearing adoption cases is another essential in a well-administered adoption program. The evidences that this had not always been accomplished were all too frequent in the States visited during the Children's Bureau study. As a result State departments were sometimes unduly critical of the courts and the courts were unsympathetic toward the policies and procedures of the State departments.

One of the simplest and most effective means of interpreting to the court the essential aspects of satisfactory adoptions is through the regular reports on individual cases. Each adoption report has distinct educational value and should be prepared with an idea of developing a clearer understanding on the part of the court of the principles involved in adoption. In some of the States visited the reports accompanying a recommendation for disapproval were much more comprehensive than were those accompanying a recommendation for approval. As the number of cases approved far exceeded the number disapproved, much positive value was lost by this procedure.

The courts may also be made more aware of the importance attached by the State department to adoption, if a representative of the department occasionally attends adoption hearings. Attendance should not be limited to disapproved cases, and it should be understood that the primary interest of the State department is the welfare of the child and that the department is therefore willing to give the court full benefit of any knowledge that it may have. Great care must be taken to organize any material to be presented so that the time of the court will not be taken with unnecessary details.

Personal conferences with individual judges on general policies, legislative needs, and specific legal procedures often result in awakening a hitherto quiescent interest in adoptions. It is important that such conferences be in the hands of a person from the State department who is thoroughly conversant with the adoption law and its administration. From general subjects an opportunity may arise to discuss specific cases, to explain the reasons for the State department's recommendations in certain situations, and to learn more of the philosophy of the court in adoption cases. It is rarely advisable to discuss a pending adoption case with a judge outside of court except at his suggestion, for fear the discussion may be interpreted as an attempt to interfere with judicial prerogatives. The final authority rests with the court--but the court can act more intelligently when it has full details on which to base its decision.

State departments have not recognized fully the advantage of having child-placing agencies assist in interpreting to the courts the standards of satisfactory adoption procedure. A direct report from an agency that has placed a child and supervised him in a home over a period of months or years will do much to acquaint the court with important factors to be considered in an adoption decision. Likewise, the occasional attendance at adoption hearings of a representative from the child-placing agency may give the agency an awareness of problems facing the State welfare department in its relation to the court and a greater tolerance for its administrative procedure.

In a few of the States visited the adoptions sponsored by child-placing agencies were not referred to the State department, and in only one of these States did the statutes require a written report to the court on these cases. In this State no uniform plan had been made for the reports which would satisfy the private agencies, the courts, and the State department. The representatives of the private agencies in two other States made brief oral reports, and the advantage of a written report had apparently not been recognized either by the State department or by the agencies.

It is the responsibility of the State department to take advantage of every opportunity to explain the functioning of the State's adoption program at State and local meetings of the bar association and of meetings of the judges who have jurisdiction over adoptions. The attitude of the court is colored by that of the attorneys appearing before it, and it is therefore important that members of the legal profession understand the policies and procedures of the department.

Summary

The extent to which the States have accepted their full responsibility for services providing adequate protection for the child being adopted is not fully known. There has been little uniformity in the State programs of interpretation and in the leadership given even when specific legislation has made these the duties of a State department. Greater possibilities for education and service were provided recently when several States made it one of the general duties of the department of public welfare to give "protection to the child placed for adoption."

Leadership is far more important than laws, although well-integrated legal provisions are important factors in any State program for child welfare. The State department responsible for adoption is in an excellent position to point out inconsistencies, weaknesses, and omissions in the statutes and to assist in drafting legislative measures that will meet the particular needs of children throughout the State.

Improved placement practices are essential, and the future prevention of unsatisfactory adoptions is dependent on these. Child-placing functions have in the past been confused with child-caring functions, and the attention of State departments has too frequently been focused on institutional aspects of child-care programs.

NEWS NOTES

National Probation Association issues yearbook for 1937

"Coping With Crime" is the title of the yearbook of the National Probation Association for 1937 (50 West Fiftieth St., New York, 436 pp.; paper, $1.25). This volume includes the papers given at the thirty-first annual conference of the National Probation Association, held in Indianapolis in May 1937; a few papers given in section programs of the National Conference of Social Work; papers from the second national conference on coordinating councils, held as a part of the conference of the association; and business and committee reports of the association for the year.

The papers are grouped under the following heads: Community cooperation for social welfare; trends in probation and parole administration; case work with adult and juvenile delinquents; juvenile-court jurisdiction and function; the psychiatric approach; camps for youth; and legal digest, containing legislation and decisions affecting probation and juvenile courts, 1936 and 1937.

The section on Community Cooperation for Social Welfare has been published as a reprint (price 50 cents) by the National Probation Association. This deals with community coordination for the prevention of delinquency and contains the proceedings of the second national conference on coordinating councils.

Summary of 1937 Buffalo Crime Prevention Conference issued

"Crime Prevention" is the title of a summary of the Crime Prevention Conference held in Buffalo in 1937. This summary is issued by the Council of Social Agencies, Buffalo, N.Y. (No page numbers; price, 50 cents.) The sessions of the conference dealt with health, community conditions, the family, recreation, religion, the school, and youth in their relation to crime prevention.

A beginning has been made toward developing a continuing program in Buffalo through meetings held since the conference with school principals, through committees that are considering plans of action, and through the addition of the study of crime prevention to the programs of some of the cooperating organizations of the council.

League Advisory Committee on Social Questions meets at Geneva

The 1938 session of the Advisory Committee on Social Questions of the League of Nations opens in Geneva on April 19. The Chief of the Children's Bureau, who is a member of the Advisory Committee, will be represented at the meetings by Elsa Castendyck, Director of the Delinquency Division of the Children's Bureau.

Miss Castendyck has assisted in the preparation of a report which will be considered at this session, giving a résumé of the extent and character of foster-family care throughout the world. This study includes reports on child placement in industrial communities, emigration, placement in the treatment of delinquency, placement of young children as complementary to institutional care, collaboration between public authority and voluntary effort, and placement under public guardianship. The report also contains summaries of foster-family care in 28 countries, including the United States.

THE ADVISORY COMMITTEE ON TRAINING SCHOOLS

The Advisory Committee on Training Schools for Socially Maladjusted Children[1] met in Washington on April 1, 1938, to review its activities during the past year and to make plans for future work. To the original membership, composed chiefly of superintendents of State training schools for delinquent children, were added a juvenile-court judge and the head of a children's division of a public-welfare department.

When the committee was appointed the Children's Bureau assigned a staff member to work with the committee by visiting a group of training schools to study specific phases of institutional programs, especially cottage life. After this work was started several schools requested advisory service. During the year the field worker visited about 18 schools, 3 for intensive study and the remainder for brief visits or for the purpose of giving advisory service. The committee agreed that the study of cottage life should be extended to a larger number of schools, and that advisory service should be given when requested.

The meeting of the committee as a whole was preceded by meetings on March 31 of the three subcommittees, each of which presented a report with recommendations for the consideration of the entire committee.

The Subcommittee on Informational Service had concerned itself with methods of collecting current data and literature relating to the plants, policies, and growth and development of programs of institutions.

It was agreed by the committee that the training schools should take responsibility for sending information to the Children's Bureau, that the Bureau should function as a central source of information relating to training schools, that it should make information available to the schools and to State agencies, and that it should at an early date publish a directory of training schools.

Interest was displayed in the population data showing ages of children under care of State training schools on January 1, 1938, which the Bureau had assembled at the request of the Subcommittee on Statistics and Records. It was recommended that these data be published and that there be established in the near future a uniform system of current reporting in as many State Schools as possible.

---

[1] See *The Child*, March-April 1937 (p. 28), for a statement about the appointment and function of this committee.

The committee as a whole placed much emphasis upon the need for the development of closer cooperation and working relationships between the training schools and child-welfare groups. In this connection the Subcommittee on Philosophy and Study had prepared a statement of objectives for training schools and a statement of the place of training schools for socially maladjusted children in a public-welfare program.

Because of their interest to the entire field of child welfare, the two statements are given here.

OBJECTIVES FOR TRAINING SCHOOLS

The function of a training school for socially maladjusted children is to provide for children who, because of conduct and behavior problems, are found on the basis of individual study to be in need of the type of treatment offered by such schools.

The objective shall be to prepare such children to function in society as normally adequate individuals according to their capacities.

The philosophy underlying this statement rests on the acceptance of four basic concepts:

(1) That the training school will admit only those children who are in need of and who can profit by its services;

(2) That each member of the staff, which must be adequate in number, will be understanding of, and trained in, or educable in the treatment of socially maladjusted children;

(3) That the treatment program of the training school will function through a unit which serves to bring in close relationship to each other the physical and mental health services, and the educational, recreational, religious, and casework facilities; and

(4) That, in order to provide continuity in the process of rehabilitation, the training school will relate the training and aftercare periods, through cooperation of the services of the school or the appropriate State agency with community agencies.

The actual application of these principles presupposes enabling statutory provisions, adequate plant and equipment, and a treatment program adapted to the needs of individual children.

Statutory Provision

The statutes providing for the establishment of the school, its development, and its maintenance, should be broad enough to allow for the application of modern child-welfare principles.

Plant and Equipment

The grounds and buildings should be adequate, attractively planned, and architecturally sound for the purposes for which they are to be used. The grounds should be cultivated and cared for, and the buildings kept in good repair.

The equipment should be adequate, modern, kept in good repair, and replaced when necessary. The equipment used throughout the institution should be that best suited for the use and training of the children in the school. In the medical, mental-hygiene, educational, recreational, religious, and social-work divisions the directors should select the equipment suitable for the needs of the division for which they are responsible.

The cottages should be attractive, livable, and homelike buildings. They should provide for groups of children not in excess of 30 and preferably not in excess of 20. The floor plan of the cottage should be such as to allow for treatment on the basis of the child's need. The arrangement of the cottage should approximate a family home.

The academic-school building, the vocational building, the recreation buildings, the social-service department, and the chapel should be built or at least remodeled in accordance with the recommendations of skilled experts in these various fields. The equipment should be chosen by experts and should be kept useful and up-to-date through frequent consultation service.

The superintendent and managing board should avail themselves of expert advice on the construction and remodeling of buildings and the selection of equipment.

The appropriate State department should have supervisory responsibility on all matters relating to safety and sanitation.

Treatment Program

The treatment program should be based upon an understanding of the needs of the individual child and adapted to provide adequate physical and mental-health services, and educational, vocational, and spiritual guidance and training. Maintenance and production activities of the school should be developed as training projects insofar as feasible, but exploitation through unsuitable and excessive work by the children in the school should be avoided. The various aspects of the program should function through a central unit which serves as a means of coordination and integration.

THE PLACE OF TRAINING SCHOOLS FOR SOCIALLY MALADJUSTED CHILDREN IN A PUBLIC-WELFARE PROGRAM

Two principles of child welfare, which are generally accepted and which are fundamental to the modern concepts of child care, are pertinent to the work of training schools. They are:

(1) Generally speaking, the best place for a child is in his own home, and there he should remain when it provides care which is approximately adequate.

(2) If, on the basis of careful study and after efforts have been made to make the home a safe and proper place for him, removal from his own home is necessary, he should be given the type of care suited for his individual needs.

In considering the most effective means of providing opportunity for the retraining of socially maladjusted children, it can be said that such services should be an integral part of a public-welfare program for the following reasons:

(1) The care provided should be in line with the needs of the individual child, be it for foster-family or institutional care. Greater facility is assured in the selection of the type of care needed if the resources for institutional and foster-family care are administered in one department.

(2) Granted that the child needs care in a training school, the behavior and conduct which warrant this treatment are usually the result of home or community influences. There is a greater possibility of cooperative welfare services on both a county and a State level if the training school is an integral part of the welfare program. Such cooperation should result in closer working relations with the local welfare unit, thus affording a wider range of opportunities for increased knowledge of the basic causes of the child's problems and, through the efforts of the local unit and the aftercare department of the school, for preparing the family for the return of the child and his reabsorption into home and community activities.

(3) Of equal importance is the fact that children change and develop during childhood years. All the resources of a State department should be available to children who at one time may need supervision in their own homes and later may need institutional training, substitute parental home, or long-time hospitalization. In order to provide flexibility the services should be included in the department having responsibility for all types of care for children.

(4) The child in the training school should receive the best possible medical and mental-hygiene services and recreational, academic, vocational, and religious training. Uniformly high standards of care should result from supervision and consultation of a public-welfare department having State-wide resources and a trained and qualified staff.

(5) Training schools for the socially maladjusted child serve to educate and help the child so that when he returns to community life he may make the best possible social adjustment. Since the schools are dealing with children whose conduct and personalities are still modifiable and are influenced by the spirit of the school, it is imperative that the schools should not partake of a punitive and penal atmosphere. Inclusion in a child-welfare department rather than a department of corrections makes for a spirit free from repression and offers opportunities for social growth.

Furthermore, for purposes of study and research, training schools should avail themselves, wherever possible, of the services provided by public or private agencies in the child-welfare field as affording a comprehensive and constructive approach to the problems of the children and youth with whom the training schools deal, not associated with concepts of crime, punishment, and repression.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

COMMENTS FROM STATE HEALTH OFFICERS ON RESOURCES FOR MATERNAL CARE

In the January 1938 issue of *The Child* a summary was given of the answers to the questionnaire regarding facilities and resources for maternal care sent by the Children's Bureau to State and Territorial health officers.

The comments that accompanied the answers to the questionnaire tell their own story and clearly portray some of the many problems that must be faced in the maternal-care program.

From one State comes the following picture of the rural situation:

> The problem in some of the rural counties, especially those affected by the drought, is that there are so many people who do not have cars and cannot afford to go to the various centers for maternal care and hospitalization . . . . It is difficult to reach the main highway from the outlying districts--these county roads are often very poor and almost impassable in bad weather.
>
> The problem in these areas is, after all, an economic problem . . . . It seems deplorable that 13 counties have less than 1 physician per 2,000 population, but even this one physician is barely making a living, and would not be making a living now if it were not for the fact that he is receiving a certain amount of tax funds for serving the community as county physician and county health officer. In these counties, the people who have no money go to him, and those who have money go to the nearest large town where there is a specialist.

Other comments emphasize particular problems, such as lack of funds for maternal care, especially among marginal families not on relief and among rural Negroes; lack of qualified physicians, of nursing services, and of hospital facilities for maternal care; long distances to be traveled by doctors and nurses to rural patients or by the patients to a hospital. These comments have been grouped somewhat arbitrarily, as many of them describe a complicated situation with multiple problems.

Hospital Facilities Inadequate

Prenatal clinics have been established in 15 counties, but provision for delivery and postpartum care has not yet been established

---

. . .The great need is to have assurance that the hospitals are equipped to do proper work, and that they have available adequately trained staff members.

There is no space for the isolation of infants with infections. There is only one small 2-bed room for febrile maternity patients. . . .

No hospital obstetric service is available to rural colored population of 14,000.

Throughout the smaller towns in the State many expectant mothers come in from the country to board at maternity homes for a time before delivery and stay there for confinement. There are no regulations governing the operation of such homes. One woman who recently opened a small maternity home had never seen a delivery before her first patient came.

Physicians Not Available

At the present time 21 percent of the mothers in this State cannot hope to have the services of a licensed physician. The alternative is a midwife, for the most part untrained and ignorant.

. . . . Young physicians do not settle in country places.

Most of the mothers have no prenatal care and do not even see a doctor until they are in labor.

There must be a large number of births without a doctor or nurse being present, largely because of the long distances that exist between the doctor and patient. Many of these cases are given care by kindly neighbor women.

Nursing Service Not Available

. . . . Moreover, it is a matter of concern that there is no nursing service available for students doing home deliveries.

. . . The greatest needs seem to be for increased nursing service for bedside deliveries and for prenatal and postnatal care.

Funds Insufficient

Negro share croppers in a cotton county receive little or no maternity care . . . No city or county hospital. . . . Father delivered his wife of three children and assisted neighbor--both mothers practically invalids as a result. . . . What use is it for nurses to recommend medical care when it cannot be obtained? Most physicians have gone beyond call of duty in rendering services, but funds must be made available for care if infant and maternal mortality rates are to be lowered.

Actually there is a fairly large percent of direct relief cases hospitalized, but there is very little provision for work-relief families and border-line families who cannot pay for their own medical care.

. . . Public facilities are available only to relief clients. The marginal family is in need and receives little or no help. Some way should be found to cover this gap in service which involves a larger base than the relief recipients.

The cost of hospitalization is prohibitive to low-income group--thus most cases are denied hospitalization.

. . . The actual confinement care could be supplied through the hospitals now built and in use if there were available a fund to subsidize those cases and provide for their entire care. . .

In most county hospitals there is no general allotment for maternity beds, and usually there are no special rooms for deliveries.

Long Distances To Be Traveled

Our public-health nurses travel many miles from patients to county hospitals in an oft-times vain effort to secure medical service for prenatal cases.

Many persons in eastern and mountainous districts are 100-200 miles from any hospital facilities. Limited number of beds available for obstetric cases.

A case was called to my attention a short time ago in which a patient was taken 75 miles after forceps had been tried.

The case reports as given by the public-health nurses indicate the difficulties they encounter in their attempts to obtain adequate prenatal care for women. These difficulties are due to the ignorance of the women, the lack of facilities for care or resources to pay for care, and the failure of some physicians to recognize the importance of prenatal care.

APRIL CONFERENCES AT THE CHILDREN'S BUREAU

A series of conferences was held by the Children's Bureau during the early part of April in connection with the social-security program for children.

CONFERENCE ON CRIPPLED CHILDREN'S SERVICES

On April 6 and 7 the Children's Bureau held a conference on crippled children's services with representatives of the State agencies. There were 93 persons registered at the conference. Forty-four States, Alaska, Hawaii, and the District of Columbia were represented. Forty of the State directors of crippled children's services were in attendance. Professional persons attending the conference included orthopedic surgeons, public-health nurses, medical social workers, physical-therapy technicians, and welfare workers.

The program was centered about the subject, "Needs of the Crippled Child," and various aspects of this problem were discussed, such as (1) finding the crippled child, (2) determining the needs of the crippled child, and (3) meeting the needs of the crippled child. These topics were presented by various State directors and by several guest speakers, including Elizabeth Bissell, Director of the Children's Mission, Boston, Mass., and R. C. Thompson, Supervisor of Vocational Rehabilitation, Department of Education, Baltimore, Md. On the second evening, the conference was addressed by Dr. James P. Leake, of the United States Public Health Service, on the subject of poliomyelitis, and by Dr. Winthrop Phelps, Medical Director of the Babbitt Hospital of Vineland, N. J., on the care and treatment of children with cerebral palsy. Motion pictures portraying several phases of the work with crippled children were also shown at the evening session.

CONFERENCE OF STATE CHILD-WELFARE SERVICES

A conference on State child-welfare services was held at the Children's Bureau April 4-6 for State officials engaged in administering the child-welfare provisions of the Social Security Act. There were present 112 persons representing public welfare and child welfare service activities in 44 States and the District of Columbia.

The conference was opened by the Chief of the Children's Bureau, who outlined the development of the philosophy underlying the Federal program for child-welfare services, and pointed out that one of the next steps in many of the States should be the serious consideration of the broad outlines of a State welfare program and of the extent to which the State may contribute to such a program most effectively in terms not only of money, but also of leadership.

The Secretary of Labor in greeting members of the conference commented on their approach to the problems of community activity as the very key to an understanding of the fact that programs must be adapted to the needs of individual communities.

A dinner was given on April 4, with David C. Adie, Commissioner of Social Welfare, State of New York, and James S. Plant, M.D., Director of the Essex County (N.J.) Juvenile Clinic, as speakers. Members of the Special Advisory Committee on Community Child-Welfare Services held a meeting on April 5 at which Mary Irene Atkinson, Director of the Child-Welfare Division of the Children's Bureau, gave a report of progress in the child-welfare services.

In addition to representatives of the State and local child-welfare services, speakers at the conference included Jane M. Hoey, Director, Public Assistance Division, Social Security Board; Dr. Howard B. Mettel, Chief, Bureau of Maternal and Child Health, Indiana State Board of Health; Dr. George H. Preston, Commissioner of Mental Hygiene, Maryland; and Jacob Kepecs, Executive Director, Jewish Children's Bureau of Chicago.

CONFERENCE OF STATE AND TERRITORIAL HEALTH OFFICERS

A conference of the State and Territorial Health Officers, called by the Chief of the Children's Bureau, met in Washington on April 8, 1938.

At the morning session Dr. Edwin F. Daily, Director of the Maternal and Child-Health Division of the Children's Bureau, reported on progress made throughout the country in maternal and child-health services during the fiscal year 1937. He also pointed out some of the more important trends in type of programs that are being planned in the various States.

Dr. Felix J. Underwood, Chairman of the Committee on Maternal and Child Health of the State and Territorial Health Officers and of the Child-Hygiene Committee of the State and Provincial Health Authorities of North America, read a joint report of the two committees making several recommendations concerning qualifications of personnel, which were adopted by the conference.

At the afternoon session, Dr. Robert C. Hood, Director of the Crippled Children's Division of the Children's Bureau, presented a brief summary of activities during the past year and of progress that has been made by the State agencies in conducting their programs for crippled children.

In connection with difficulties that have arisen in providing care for crippled children moving from State to State, a recommendation was made by the State and Territorial Health Officers that it is highly desirable for the States and Territories, with the assistance of the Children's Bureau, to arrange reciprocal agreements in regard to the proper care of all crippled children. This recommendation was referred to the Committee on Interstate Problems of the State and Territorial Health Officers.

* * *

ESSENTIALS FOR A WELL-ROUNDED SCHOOL-HEALTH PROGRAM

Ed. note.--Excerpts from a paper given by Harold H. Mitchell, M.D., District Health Officer, New York City Department of Health, and discussion by Hortense Hilbert, R.N., Public Health Nursing Consultant, U. S. Children's Bureau, at Conference of State Directors of Maternal and Child Health with the Children's Bureau, September 30 and October 1, 1937.

DR. MITCHELL: In regard to statistics, I do not know any better advice for those who are starting a State program than the advice to avoid the error of collecting more statistics than can be assimilated and interpreted. When the staff is available one of the first things attempted by many State officials is to try to supervise local programs by counting physical defects, by computing percentages, and by tabulating the percentage of defects corrected. Such statistics are futile and often interfere with a sound development of local programs.

As to the scope and possibilities of a school health program, the point of view that I would present to local workers has been well expressed by Drs. Bauer, Smiley, Rogers, and others.

Dr. D.F. Smiley, for instance, in "An Approach to the Problem of School Medical and Dental Service," published in the February 6, 1937, *Journal of the American Medical Association*, places emphasis on the observations that the teacher can be trained to make. He claims that for the physician to attempt to take over the full responsibility for health examination, individual advice, and in some places even for medical treatment of defects, is not practical because it attempts too much.

Dr. James Frederick Rogers in a historical review of school health service that appeared in the *Journal of the American Medical Association* for September 11, 1937, stated: "It is not educational and it is a waste of time to attempt to do too much; and we need to be conservative in our conclusions and persistent in getting something done about them." Dr. Rogers has stated his views also in "School Medical Inspection in the United States of America," a paper that appeared in the quarterly bulletin of the Health Organization of the League of Nations.

Dr. W.W. Bauer's point of view about a school health program can be found in "The Health of the School Child," reprinted from *Education* for December 1933. The White House Conference Report of the Committee on the School Child, "The School Health Program," presents the broad scope of the program in the schools, and the Report from the Medical Service, Section I, "Growth and Development of the Child," part IV, gives a standard for appraisal and individual guidance in the care of the child that may be regarded as an optimal service or a goal. In "Physical Defects--The Pathway to Correction," now available from the American Public Health Association, the student of our problem will certainly find an analysis of a program that will suggest procedures for improving the services for children with physical defects.

In proposing a minimum service I would prefer to start with the examination of children selected by the nurse and teacher in order to give the physician more time to get the significant points of the medical history and to study his cases before the nurse starts the aftercare. With routine examination of every child the nurse often gets swamped with more follow-up than she can handle. I would then suggest the following:

1. Preparation of mimeographed material for the teacher on observations that she can make in regard to the health conditions of her pupils.
2. Demonstrations and group and individual conferences with the teacher by a competent nurse.
3. Examination by a physician of the children selected by the teachers and the nurse as being likely to have defects.
4. Thorough follow-up by the nurse of all the cases clearly in need of medical attention.
5. A personal letter to the parents to invite them to the school when the doctor is to examine a child selected by the teacher and the nurse as needing medical attention, and specific advice to the parents regarding the use of the community medical resources.
6. Explanation by the physician to the nurse of what should be told to the parents when the parents do not come to the school at the time of the examination.

An important step that is often omitted is planning with the help of the practicing physicians, the medical society, the hospital staff, and the relief agencies, for treatment facilities for children whose parents cannot afford to go to private physicians.

As for health education, it is still the "yellow dog" of the curriculum, and every State director must continue to promote the idea of having full-time health-education supervisors who work with the teachers rather than teach the children. This means close working relations with the department of education and a real conscience about urging a well-rounded program.

* * * * *

MISS HILBERT: There has been a tendency among educators and health workers alike, during the last few years, to suspect that many of the practices established as part of the routine of a health program for school children may now be outmoded and unproductive, not to say unecomonical and impractical. Public-health nurses, because they have been involved in such programs in greater numbers than have other types of personnel, have been made parties, so to speak, to activities that consumed the largest proportion of their time with the least productive effects. The public-health nurse should not permit administrative circumstances to restrict her outlook on the total family-health service. The school nurse must know as much about public-health nursing in general as if she were actually giving a generalized family service or any single type or combination of types of service in the family.

The school nursing program seems to have revolved largely about five definite motifs:

1. Nursing assistance with medical examinations, intended to reveal conditions of health among school children that may be a handicap to progress in school.
2. "Nurse inspections" where medical examinations were not available.
3. Arrangements for securing correction of health defects among school children.
4. Assistance with communicable disease control measures.
5. Treatment of minor injuries, skin diseases, and so forth, in the school.

In connection with the medical examinations, emphasis on having parents present is the important consideration. Otherwise, the nurse tends to become an overworked interpreter or messenger (mostly of bad news) between school physician and parents.

Assistance to parents and teachers in the observation of health conditions in the children under their immediate care might well be substituted for endless "nurse inspections."

Securing medical care for all children who need it presupposes social and economic resources that enable all parents to arrange for such care and to arrange for it without too great difficulty. Apathy, indolence, or indifference of parents has, I believe, a definite economic-social basis and is not usually parental neglect per se.

In the control of communicable diseases the efforts of the school nurse should be directed toward making parents and teachers more aware of signs of these diseases, the importance of isolation and adequate medical care during the course of the illness, and the importance of immunization.

Treatment of minor injuries, skin diseases, and so forth, in schools is a matter between the family and the family physician or clinic, rather than the responsibility of the school, and public health nursing practices should be planned accordingly.

Health education I can only regard as an intrinsic part of every service given by the public-health nurse to the child of school age and his family—not as a separate entity.

If public-health nurses, with the help and support of health and school administrators, can make these changes in emphasis from time-consuming, highly routinized mass practices, they not only will be liberated for more essential individualized services of a preventive, educational nature for mothers and younger children, but will also be giving a service of better quality to children of school age.

TWO CHILD-WELFARE PLANS APPROVED

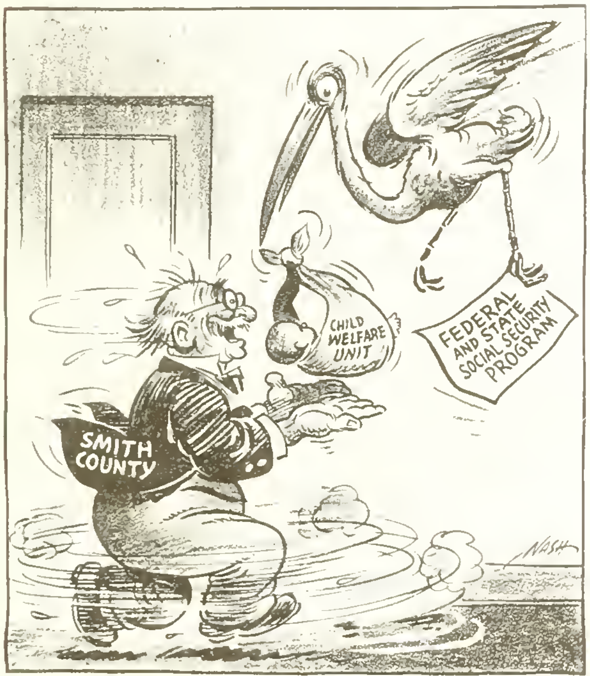
Plans for child-welfare services for Mississippi and Rhode Island have recently been approved, Mississippi for the period February 15-June 30, 1938, and Rhode Island for the period March 1 - June 30, 1938. The initiation of this program in Mississippi is particularly significant in view of the fact that the State Department of Public Welfare has no authority for care and protection of dependent and neglected children other than the Enabling Act of 1936, which enables the State Department of Public Welfare to cooperate with the United States Children's Bureau in the administration of title V, part 3, of the Social Security Act. The development of a program of child-welfare services may well be a demonstration not only of the need for local services in rural areas but also of the need for State-wide services for the care and protection of dependent and neglected children.

Child-welfare plans are now in operation in a total of 46 States, Alaska, Hawaii, and the District of Columbia.

NEW CHILD-WELFARE UNIT

The following cartoon and editorial appeared in the Sunday *Courier-Times-Telegraph*, Tyler, Tex., in connection with the establishment of a child-welfare unit in Smith County under the State plan for child-welfare services under the Social Security Act, in January 1938.

BLESSED EVENT IN THE SMITH FAMILY


CHILD WELFARE UNIT
FEDERAL AND STATE SOCIAL SECURITY PROGRAM
SMITH COUNTY
NASH

Tyler, Smith County, Texas

Selection of a creditable board means that the Smith County child-welfare unit--long a local goal--is near realization.

The county commissioners' court and the city commission, which are financing the unit in cooperation with State and Federal authorities under the social-security program, have named seven appointees to administer the unit's affairs.

In charge will be a trained child-welfare worker, supplied by the State.

The need for such a program, to care for orphans, to protect children who are victims of broken homes, to curb delinquency, and to prevent child exploitation long has been manifest.

While additional public expenditures are most unpopular at this time, the Tyler-Smith County program is benefiting from newly extended Federal-State aid. The local unit will be the fourth in the State and the experience of the others attests the value of this investment in childhood.

Eventual expansion of the program on a coordinated, State-wide basis will mean that Texas is to have fewer charges in her orphanages and corrective institutions and will boast an improved citizenship.

MATERNAL, INFANT, AND CHILD HEALTH

NOTES ON CURRENT STUDIES OF THE DIVISION OF RESEARCH IN CHILD DEVELOPMENT

BY ETHEL C. DUNHAM, M.D., DIRECTOR

The Division of Research in Child Development is concerned with research in the fields of health, growth, and development (physical and mental) of infants and children; maternal and infant morbidity and mortality; and maternal and child care as related to social, economic, and medical factors; and educational programs in these special fields.

Some of these studies now in progress or recently completed are the following:

Neonatal and Maternal Deaths, District of Columbia

A study of all neonatal deaths (deaths under 1 month) in the District of Columbia during 1935 has been completed. This study was made in cooperation with the Health Department, the Medical Society, and all the hospitals. Its object was to determine the causes of the high neonatal death rate (37 per 1,000 live births in 1935) in the District of Columbia and to attempt to point out ways by which it could be reduced. The report is being prepared for publication.

Because of the high maternal mortality rate in the District of Columbia (69 per 10,000 live births in 1936) the Division of Research in Child Development is cooperating with the Maternal Welfare Committee of the Medical Society and with the Health Department of the District of Columbia in making a current study of maternal deaths. The work was begun in June 1937 and is planned to continue for about 5 years.

Prematurely Born Infants

The present high mortality among prematurely born infants in the United States constitutes an important part of the general problem of infant mortality. At least half the deaths of infants in the first year occur in the first month of life, and of these nearly half are caused by premature birth.

The Division has, therefore, undertaken a series of studies of prematurely born infants. Such studies were conducted in the Johns Hopkins Hospital, Baltimore, in 1936-37 dealing with causes of morbidity and mortality; growth and development; relation of development of centers of ossification of the bones of the extremities to fetal maturity; and the value of quantitative Wassermann tests of the blood in the diagnosis of congenital syphilis. In cooperation with the Pediatric Department of New York Hospital, Cornell University, another series of studies is being made of the metabolism of premature infants basic for determining standards for feeding and care of these infants.

Physical Fitness of School Children

An investigation of the physical condition, nutritional status, and growth of approximately 1,000 6-year-old children living in New Haven, Conn., has been completed by the Division. Analysis of data is in progress.

Rickets

Continuing a series of rickets studies begun in 1922, the Division is now cooperating in a study of infants at Johns Hopkins Hospital to determine the earliest signs of rickets through correlation of X-ray and pathological examinations of the bones.

Health Survey

As part of a health survey of the District of Columbia made by the United States Public Health Service, the Children's Bureau completed in February 1938 a survey of health facilities for mothers, infants, and preschool children. The report of the survey will include a summary of the general trend of live-birth and stillbirth rates and of infant and maternal mortality, activities of the Health Department, hospitals and clinics, and other agencies dealing with mothers and children. Present health facilities are compared with those shown in three health surveys made in the District of Columbia betwenn 1926 and 1929.

In connection with the recent survey the medical social workers of the Bureau staff are preparing a report of the social needs of sick persons in relation to their medical care. The services studied comprise the 13 medical social-service departments in hospitals admitting patients from the District of Columbia, the clinics conducted by the Health Department, and the Medical Economic Security Administration.

Causes of Stillbirth This study was undertaken jointly by the Division of Research in Child Development and the Division of Statistical Research because of the large number of stillbirths. Approximately 75,000 stillbirths are registered each year in the United States, although it is well known that registration is incomplete. Moreover, the stillbirth rate has not decreased appreciably in recent years.

Records of 8,750 stillbirths of 20 weeks or more gestation were received from 229 cooperating hospitals situated in 25 States and the District of Columbia. The data are now being analyzed. It is believed that as a result of this study recommendations can ultimately be made for reducing the high mortality from stillbirth and for preparing a satisfactory classification of causes of stillbirth and rules for assignment of cause.

NEWS AND READING NOTES

National Health Council elects officers The election of Ira V. Hiscock, Professor of Public Health in the Yale University School of Medicine, as president of the National Health Council for 1938 was announced in March. Professor Hiscock succeeds Dr. Donald B. Armstrong of the Metropolitan Life Insurance Company. Other newly elected officers of the National Health Council are Dr. Walter Clarke, vice president; Dorothy Deming, secretary; Frederick Osborn, treasurer.

The National Health Council now has 13 active member agencies, most of which are national organizations. The United States Children's Bureau and United States Public Health Service are advisory members of the council. The library of the council contains more than 6,000 volumes dealing with public health, sanitation, hygiene, and related subjects, and more than 500 medical and educational periodicals from all parts of the world. *(Announcement of National Health Council, 50 West Fiftieth St., New York.)*

Health education material available The American Association for Health and Physical Education, a department of the National Education Association, has had compiled for it a revised list of free or inexpensive pamphlets, entitled "Health Education Material for Teachers" (published by National Tuberculosis Association, 50 West Fiftieth St., New York, 1938). The folder contains titles of many recent publications on healthful school living, health service, health instruction, teachers' problems with exceptional children, and safety and accident prevention.

The Massachusetts Department of Public Health has for distribution a mimeographed list, "Sources of Health-Education Materials." A summary is given of the kinds of material available from each agency. This list can be obtained from the Division of Child Hygiene, State Department of Public Health (Boston, 1938, 10 pp.).

American Medical Association pamphlets "What Does Your Baby Put in His Mouth?" refers, not to food, but to safety pins, beads, small toys, and other objects that lead to serious trouble when aspirated. The pamphlet is by Chevalier Jackson and Chevalier L. Jackson and is published by the American Medical Association (535 North Dearborn St., Chicago, 1937, 22 pp., 20 cents).

Other recent publications of the American Medical Association include "Bad Habits in Good Babies," a reprint of a group of articles appearing in *Hygeia* from August to December 1937 (16 pp., 15 cents); and "The Truth About Candy," by Dr. Morris Fishbein, reprinted from *Hygeia*, December 1937 (4 pp., 5 cents).

International broadcast on rheumatic heart disease

Physicians in England and the United States will confer by radio on problems of rheumatic heart disease in children in an international broadcast on May 2 at 6:30 p.m., Eastern standard time. The conference was conceived by workers at Irvington House, Irvington-on-Hudson, N.Y., a sanatorium for the care of children with heart disease. The American Heart Association has arranged for the broadcasts to be heard over the red network of the National Broadcasting Company, as part of the observance of National Child Health Day.

Lord Thomas Jeeves Horder, Physician-in-Ordinary to the King of England, will open the conference, speaking from London on the public-health aspects of rheumatic heart disease. Dr. William J. Kerr, speaking from San Francisco, will describe the work of the American Heart Association, of which he is president. Broadcasting from Atlantic City, N.J., where the American Society for Clinical Investigation will be in session, Dr. Homer F. Swift of the Rockefeller Institute, New York, will discuss medical investigations being carried on to isolate the cause of the disease. Dr. T. Duckett Jones, of the House of the Good Samaritan, Boston, also speaking from Atlantic City, will close the conference with an account of the treatment of children with crippled hearts. *(Statement from American Heart Association, 50 West Fiftieth St., New York.)*

New forms for live-birth and stillbirth certificates adopted in New York City

The City of New York Department of Health has adopted new forms of certificates for live births and for stillbirths, which will give the detailed medical information indispensable in any effort to prevent unnecessary deaths at or near birth.

The face of the certificates for live births and for stillbirths is identical and is practically the same as in previous years. It is devoted to necessary identifying data such as name, address, sex, color, place of birth, and so forth. This is the only part of either certificate from which transcripts are made.

On the back of both the live-birth and the stillbirth certificate the physician or other attendant at birth is required to give important medical data which are held confidential. The questions include information as to the period of gestation; the length and weight of the infant at birth; whether the pregnancy was normal and, if not, in what particular it was abnormal; whether a serological test for syphilis was made during pregnancy and, if so, its result. The duration of labor is asked for, whether it was induced and, if so, the method of induction. It is asked whether the delivery was operative and, if so, the indication for the operation and the operative procedure are to be stated.

On the back of the stillbirth certificate it is also asked whether the fetal death occurred before or during labor, or before or during operation; whether the fetus was macerated, whether an autopsy was performed and, if so, by whom. Finally, the cause of death is to be stated and whether it was determined in the fetus or in the mother.

These changes have received the approval of the various medical groups in New York City. They are in accord with the recommendations of the Subcommittee on Stillbirths of the American Public Health Association and with the recommendations of the American Committee on Maternal Welfare. *(Quarterly Bulletin, City of New York Department of Health, February 1938, pp. 28-30.)*

Health Section Report of World Federation of Education Associations published

Rural health is given special emphasis in the Health Section Report of the World Federation of Education Associations, Seventh Biennial Conference, held in Tokyo, Japan, in August 1937 (Health Section Secretariat, 200 Fifth Ave., New York, 1938, 242 pp. $1).

Child-health problems and services, and methods of health education in many different countries are described by representatives of Australia, Canada, China, Czechoslovakia, Egypt, England and Wales, Finland, France, Greece, Hawaii, India, Italy, Japan, the Philippines, Poland, and the United States.

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

DATA ON THE GROWTH OF PUBLIC-SCHOOL CHILDREN, by Walter F. Dearborn, John W. M. Rothney, and Frank K. Shuttleworth. Monographs of the Society for Research in Child Development, vol. III, no. 1. Society for Research in Child Development, National Research Council, Washington, 1938. 136 pp.

This monograph presents the detail of repeated physical and mental measurements of 747 boys and 806 girls whose records form a part of the Harvard growth study. Ages at time of initial measurements range from 5.2 to 12.5, while ages at time of final measurements range from 11.1 to 21.5 years. On these 1,553 cases there are reported 155,791 physical measurements and 33,837 mental ages obtained from group and individual intelligence tests. Supplemental data include sex, date of birth, city, ethnic stock, socio-economic status, and ages at time of measurement. These data represent the basis of the objective measurements on children in the Harvard growth study who were followed over long periods of time. The monograph also contains an annotated bibliography on the studies which have been made by various students and investigators during the course of the investigation.

REVISION OF BIRTH, DEATH, AND STILLBIRTH CERTIFICATES; a brief report by the Subcommittee on Causes of Maternal, Fetal, and Neonatal Death of the American Committee on Maternal Welfare. *American Journal of Obstetrics and Gynecology*, vol. 35, no. 2 (February 1938), pp. 332-337.

The Subcommittee on Causes of Maternal, Fetal, and Neonatal Death, appointed by the American Committee on Maternal Welfare in April 1937, submitted a report on certain aspects of these problems, which was accepted and approved by the American Committee on Maternal Welfare in September 1937. The subcommittee is composed of Robert L. DeNormandie, M.D., chairman; George W. Kosmak, M.D.; Philip F. Williams, M.D., and Elizabeth C. Tandy, Sc.D.

The report includes recommendations on: (1) Revision of standard birth certificate, (2) revision of the rule with respect to mention of childbirth on death certificate, (3) revision of standard death certificate, (4) revision of the classification of the causes of maternal death directly due to pregnancy, labor, and the puerperium, and (5) supplementary tabulations by the Bureau of the Census. It includes a list of terms now used in certifying cause of maternal deaths, which fail to give information on cause of death.

THE COMPLEAT PEDIATRICIAN, by Wilburt C. Davison, M.D. Second edition. University Press, Durham, N.C. 1938. 250 pp. and index.

"The Compleat Pediatrician" is a compendium of pediatric knowledge presented from the standpoint of symptom diagnosis. The book is divided into several sections in which are given symptoms produced by pathology in the various organ systems, and brief descriptions of the chief diseases of these organs and their treatment. Brevity, a broad range of subject matter, and a good index make it a handy reference book for one who wants to refresh his memory quickly. The book should find its greatest usefulness in the hands of a physician who has a background of pediatric knowledge.

THE FOUNDATIONS OF NUTRITION, by Mary Swartz Rose, Ph.D. Third edition. Macmillan Co., New York, 1938. 625 pp. $3.50.

The additional space gained by increasing the size of the pages in the third edition of this standard work is given over primarily to consideration of recent additions to the knowledge of each dietary essential and of human requirements for it. The marked increase in quantitative data on the vitamin content of foods has necessitated the complete revision of all tables and dietaries. The author points out, however, that ". . . in the main the researches of the past 5 years have served only to establish more firmly the foundations of nutrition as originally outlined in 1927" (the date of the first edition). The aim of the book is still "to present within a small space some of the fundamental principles of human nutrition in terms which call for no highly specialized training in those natural sciences upon which the science of nutrition rests."

CHILD LABOR

National Labor-Standards Committee created

The formation of a National Labor-Standards Committee to represent the citizens' point of view on questions of Federal labor legislation has been announced. George J. Burke, of Ann Arbor, Mich., an attorney, is chairman of the committee; Grace Abbott, vice-chairman; Mary Dublin, of the National Consumers' League, secretary; and Frieda S. Miller, of the New York State Department of Labor, treasurer. Approximately 300 outstanding citizens have already joined the committee.

Kansas and Kentucky decisions to be reviewed

Petitions have been filed for review by the Supreme Court of the United States of the decisions rendered by the Supreme Court of Kansas and by the Court of Appeals of Kentucky in regard to the legality of the action of the legislatures of those States in ratifying the child-labor amendment to the United States Constitution.

The Court has taken jurisdiction in these cases and a joint hearing is scheduled for the October term of court.

BOOK AND PERIODICAL NOTES

Report of Advisory Committee on Education now available

The report of the Advisory Committee on Education has been printed under date of February 1938 and is for sale by the Superintendent of Documents (Washington, 1938, 243 pp.; price (paper), 35 cents). This report was reviewed in *The Child* for February 1938. The printed report includes a subject index.

American Youth Commission announces new publication

The American Youth Commission announces for publication in May a study of the conditions and attitudes of young people in Maryland (Youth Tell Their Story, by Howard M. Bell, Washington, 1938, 275 pp., $1.50). This study presents the results of a survey of the conditions and attitudes of 13,500 young persons 16 to 24 years of age.

The Woman Worker

With the January 1938 issue, the news letter published in mimeographed form by the Women's Bureau of the United States Department of Labor for the past 17 years, is transformed into a printed publication under the title, *The Woman Worker* (vol. 18, no. 1, Washington, 1938, 16 pp.). At present *The Woman Worker* will be issued bimonthly. A year's subscription can be obtained from the Superintendent of Documents, Government Printing Office, Washington, D.C., for 25 cents.

The Woman Worker, like the news letter which it replaces, will carry news of importance to State and local labor officials, trade unions, women's clubs, and all others interested in the rapidly changing status of the woman wage earner.

* * * * *

WAGES, EMPLOYMENT CONDITIONS, AND WELFARE OF SUGAR-BEET LABORERS, by Elizabeth S. Johnson. *Monthly Labor Review*, vol. 46, no. 2 (February 1938), pp. 322-340. Single copies of reprints available from the Children's Bureau while the supply lasts.

Data from the Children's Bureau survey of sugar-beet labor in 1935, the full report of which is in preparation, are given in this article, as well as information from other sources. Government benefits to growers, the labor-contract system, child labor and school attendance, acreage and duration of work, and wage rates are discussed.

THE RELATIONSHIP BETWEEN SCHOOL DROP-OUTS AND BOY TRANSIENCY, by George E. Outland. *Educational Administration and Supervision*, November 1937, pp. 612-621. Reprints can be obtained from the author, 1727 Prospect Ave., Santa Barbara, Calif.

Of 3,352 boys 16 to 20 years of age, inclusive, who registered at the Los Angeles office of the Federal Transient Service during the year August 1, 1934 - July 31, 1935, nearly one-third had dropped out of school before the end of the compulsory school-attendance period in the States where they lived. The percentage of boys who left school before the age of 14 years was 5.8, compared with an average of 4.7 percent for all school children in the United States. Most of the boys did not go on the road until they had been out of school for several months at least.

GENERAL CHILD WELFARE

Russell Sage Foundation announces study in social-work interpretation

A study of current positions in interpretation and public relations in social and health agencies in the United States is being made by the Department of Social-Work Interpretation of the Russell Sage Foundation (130 East Twenty-second St., New York). This study aims to discover the number of positions in interpretation and public relations and their distribution by geographical location and by field of work; the responsibilities and duties of persons holding these positions; the preparation required; and the salaries paid.

The study as a whole will continue throughout 1938. It is hoped, however, that a preliminary report of the census of positions can be presented in June at the annual meeting of the Social Work Publicity Council in Seattle. The census is being made by means of a questionnaire distributed with the cooperation of a group of national agencies. *(Announcement by Russell Sage Foundation, March 2, 1938.)*

Montevideo dedicates statue to Dr. Luis Morquio

A monument dedicated to the memory of Dr. Luis Morquio, former Director of the International American Institute for the Protection of Childhood was unveiled in Montevideo, Uruguay, on January 28, 1938.

The Chief of the Children's Bureau, who is a member of the Council of the Institute, was requested by the President of Uruguay to designate someone to represent her at the dedication ceremony. Leslie E. Reed, American Chargé d'Affaires ad interim at Montevideo, was designated to attend the dedication as Miss Lenroot's representative.

Mr. Reed's report, submitted to the Secretary of State at Washington, D. C., states that the ceremony took place during the South American Conference on Medicine and Surgery, and was attended by many members of the medical profession. Addresses were delivered by many distinguished persons, and the participation of the United States Government was duly reported in the press. *(Official correspondence.)*

BOOK AND PERIODICAL NOTES

SONGS FOR THE NURSERY SCHOOL, by Laura Pendleton MacCarteney. Willis Music Co., Cincinnati, Ohio, 1937. 118 pp.

This volume contains more than 150 songs--folk tunes, original songs, and familiar nursery rhymes--arranged for children of preschool age. The words of the songs are about objects familiar to children--boats, trains, airplanes, animals, rain, and snow. A suggestion for dramatization is given with each song. It is a book that could be used as well in the home as in the nursery school.

THE WISE CHOICE OF TOYS, by Ethel Kawin. Second edition. University of Chicago Press, Chicago, 1938. 154 pp. $1.50.

The first edition of this book was published in 1934. The usefulness of the new edition is increased by the addition of material on toys suitable for children of different ages from birth to adolescence (chapter 4), and on toys for children with special needs (chapter 10). The needs considered are those of convalescent children; children with cardiac impairment, defective hearing, or defective vision; children with spastic paralysis; and children presenting behavior or personality problems.

YOUTH AT THE WHEEL; a reference book on safe driving, by John J. Floherty. J. B. Lippincott, Philadelphia, 1937. 154 pp. $1.75.

The author, an experienced and popular writer for juveniles, points out that drivers under the age of 20 are the most dangerous drivers on the American highways, according to accident records. This book is intended not to make young drivers danger-conscious but rather to instill into them a deep safety consciousness that shall influence their judgment and their acts while they are at the wheel.

The subjects considered include mechanics of the automobile, psychology of the driver, rules of the highway, and special hazards such as skidding, carbon monoxide, and fog.

OF CURRENT INTEREST

Twenty-fifth anniversary of Department of Labor observed

Approximately 1,200 persons attended the banquet in honor of the Twenty-fifth Anniversary of the United States Department of Labor. The banquet took place at the Mayflower Hotel on March 3, 1938. The speakers were Senator Wagner, William Green, Henry I. Harriman, Charles P. Howard, and D. P. Robertson. The entertainment included excerpts from "Pins and Needles," a musical comedy written and produced by members of the International Ladies' Garment Workers Union of New York.

On the afternoon of March 4, employees of the Department of Labor and guests gathered in the Auditorium of the Labor Department for a program of speeches and music. Addresses were made by Bernard L. Shientag, Carter Goodrich, and Grace Abbott. Music was provided by the Government Printing Office band and a Crescendo Male Chorus, composed of Government employees. The Secretary of Labor presided at the exercises and afterward received guests. Exhibits representing the work of every bureau in the Department were on display in the auditorium and the lobby.

A special booklet, "Twenty-five Years of Service, 1913-38," issued by the Department of Labor, was prepared for the twenty-fifth anniversary (Washington, 1938, 71 pp.). This pamphlet contains chapters on the origin and objectives of the Department of Labor, fact-finding service, service in industrial disputes, service to job seekers and employers, service in improving labor standards, service for working women, service to mothers and children, services to employees and employers on Government contracts, service to immigrants, and service to labor research.

Group-work institute announced for May 31-June 17

The School of Applied Social Sciences of Western Reserve University, Cleveland, Ohio, announces a 3-weeks institute for experienced group workers, May 31 - June 17. Credit courses will be given in principles of group work, supervision of group work, work with individuals in groups, and the use of creative arts in group work (dramatics, crafts, music). A bachelor's degree from a college of approved standing is required for admission. For information, address School of Applied Sciences, Western Reserve University, Cleveland, Ohio.

School Health Education Institute

A 2-day School Health Education Institute will be held May 27 and 28, 1938, at the Michigan Union in Ann Arbor, Mich. The institute is sponsored by the Division of Hygiene and Public Health and the Extension Service of the University of Michigan in cooperation with the Michigan School Health Association. The program provides for the interests of health specialists, teachers, and parents. There will be no registration fee.

Inquiries should be addressed to the Extension Service, University of Michigan, Ann Arbor, Mich.

Boys and Girls Week April 30-May 7

Originated by the Rotary Club of New York City in 1920 as "Boys Week," Boys and Girls Week has of recent years been observed not only in the United States but in Great Britain, Australia, China, Japan, Cuba, Mexico, New Zealand, South Africa, and South America. A manual of suggestions can be obtained from the National Boys and Girls Week Committee, 35 East Wacker Drive, Chicago.

May Day--Child Health Day, May 1

The Nation-wide observance of May Day as Child Health Day was initiated by proclamation of the President of the United States 10 years ago. Since 1936 the Children's Bureau has been sponsoring its observance, which is under the direction of a May-Day chairman appointed by the director of the State department of health in each State.

A special poster prepared for May Day--Child Health Day 1938 is reproduced as the frontispiece of this issue. The poster (19 7/8 by 28 1/2 inches) can be ordered from the Superintendent of Documents, Government Printing Office, Washington, D.C. The price is 5 cents per copy, and there is a discount of 25 percent on orders of 100 or more.

New York School of Social Work summer session

The fortieth summer session of the New York School of Social Work will be held June 20 to August 31, 1938. Two terms of approximately 6 weeks each are offered. A new course, Introduction to Public Welfare, will be given by Robert T. Lansdale.

Five seminars open to experienced social workers will be given August 1 to 12, as follows:

- Public-Welfare Administration, Robert T. Lansdale
- Labor Problems, John A. Fitch
- Group Work, Clara A. Kaiser
- Social Case Work, Gordon Hamilton
- Philosophy of Supervision, Fern Lowry

Detailed information can be obtained from the New York School of Social Work, 122 East Twenty-second St., New York.

International broadcast features Junior Red Cross convention

The Office of Education, United States Department of the Interior, and the American Junior Red Cross will broadcast a program for school children throughout the world on May 4, from 6 to 6:30 p.m., Eastern standard time. The National Education Association is cooperating by devoting its American schools program period to this broadcast, which will be carried by the red network of the National Broadcasting Company and by the General Electric Company short-wave stations and will be rebroadcast by many foreign radio stations.

The program, entitled "Calling All Countries," will be broadcast in part from San Francisco where the Junior Red Cross will be holding its annual convention.

CONFERENCE CALENDAR

May 2-5	American Orthopedic Association (Secretary: Dr. Ralph K. Ghormley, 110 Second Ave., SW., Rochester, Minn.); American Surgical Association (Secretary: Dr. Charles G. Mixter, 319 Longwood Ave., Boston); and allied groups. Atlantic City, N.J.
May 2-5	American Red Cross. Annual convention, San Francisco. Information: National headquarters, A.R.C., Washington, D.C.
May 3	Fourth spring conference on education and the exceptional child. Child Research Clinic, The Woods Schools, Langhorne, Pa.
May 4-8	International Congress of Obstetrics and Gynecology. Amsterdam, The Netherlands.
May 5-7	American Pediatric Society; Society for Pediatric Research. Berkshire Inn, Great Barrington, Mass.
May 8-11	International Society for Crippled Children. Annual meeting, Cleveland, Ohio. Information: E.J. Howenstine, Executive Secretary, Elyria, Ohio.
May 10-17	General Federation of Women's Clubs. Triennial convention, Kansas City, Mo. National headquarters: 1734 N St., Washington, D.C.
May 15-20	National Congress of Parents and Teachers. Forty-second annual congress, Salt Lake City, Utah. Theme: Changing patterns for group living. National office: 1201 Sixteenth St., NW., Washington, D.C.
May 28-31	National Conference of Jewish Social Welfare. Annual meeting, Hotel Willard, Washington, D.C. Information: N.C.J.S.W., 67 West Forty-seventh St., New York.
June 9-11	American Academy of Pediatrics, Del Monte, Calif.
June 13-17	American Medical Association. San Francisco. Information: A.M.A., 535 North Dearborn St., Chicago.
June 13-20	American Library Association. Conference, Municipal auditorium, Kansas City, Mo. Executive office: 520 North Michigan Ave., Chicago.
June 20-23	National Tuberculosis Association. Annual meeting, Los Angeles. Information: N.T.A., 50 West Fiftieth St., New York.
June 20-24	Canadian Medical Association. Sixty-ninth annual meeting, Halifax, Nova Scotia.
June 26-July 2	National Conference of Social Work. Sixty-fifth annual meeting, Seattle, Wash. General Secretary: Howard R. Knight, 82 North High St., Columbus, Ohio.
June 28-July 1	American Home Economics Association. Hotel William Penn, Pittsburgh, Pa. Information: A.H.E.A., Washington, D.C.

PROFESSIONAL AND ADMINISTRATIVE STAFF OF THE CHILDREN'S BUREAU
UNITED STATES DEPARTMENT OF LABOR
APRIL 1938

OFFICE OF THE CHIEF

Katharine F. Lenroot, Chief
Martha M. Eliot, M.D., Assistant Chief
Elisabeth Shirley Enochs, Special Writer (Child Welfare)
Freda R. Lyman, Assistant in Legal Research
Edith Rockwood, Specialist in Child Welfare

GENERAL ADMINISTRATION

CORRESPONDENCE SECTION

Anna T. McNulty, Director

ADMINISTRATIVE SECTION

Laura Elmore Warren, Director

CENTRAL FILES

Ella O. Latham, Director

RESEARCH AND INFORMATIONAL SERVICE

INDUSTRIAL DIVISION

Beatrice McConnell, Director
Elizabeth S. Johnson, Specialist in Industrial Research
Lucy R. Manning, Associate in Legal Research
Ella A. Merritt, Research Associate
Valda Lyons Noll, Assistant in Industrial Research
Jane H. Palmer, Research Assistant
Mary E. Skinner, Specialist in Industrial Research
Helen Wood, Research Assistant

DIVISION OF RESEARCH IN CHILD DEVELOPMENT

Ethel C. Dunham, M.D., Director
Marian M. Crane, M.D., Specialist in Child Hygiene
Harry H. Gordon, M.D., Specialist in Pediatric Research (New York)
Deborah Jackson, Senior Medical Technician (Baltimore)
Evangeline Kendall, Assistant in Library Research
Laura W. Steever, Junior Research Assistant
Lewis K. Sweet, M.D., Specialist in Pediatric Research

DELINQUENCY DIVISION

Elsa Castendyck, Director
Alice Scott Nutt, Assistant Director
Ruth Bloodgood, Research Associate in Special Studies
Helen D. Haseltine, Associate on Institutional Care

St. Paul Project
Harold B. Hanson, M.D., Consultant in Psychiatry
Jean Marquis Deutsche, Ph.D., Psychologist (part-time)
Ruth Durward, Case Worker
Dwight H. Ferguson, Case Worker

SOCIAL-SERVICE DIVISION

Agnes K. Hanna, Director
Mary Ruth Colby, Specialist in Social-Service Research
Carl A. Heisterman, Associate in Legal Research
Paris F. Keener, Research Assistant
Caroline E. Legg, Assistant Social Economist
Mary E. Milburn, Assistant Social Economist
Maud Morlock, Specialist in Social-Service Research
Kathryn H. Welch, Associate in Social-Service Research

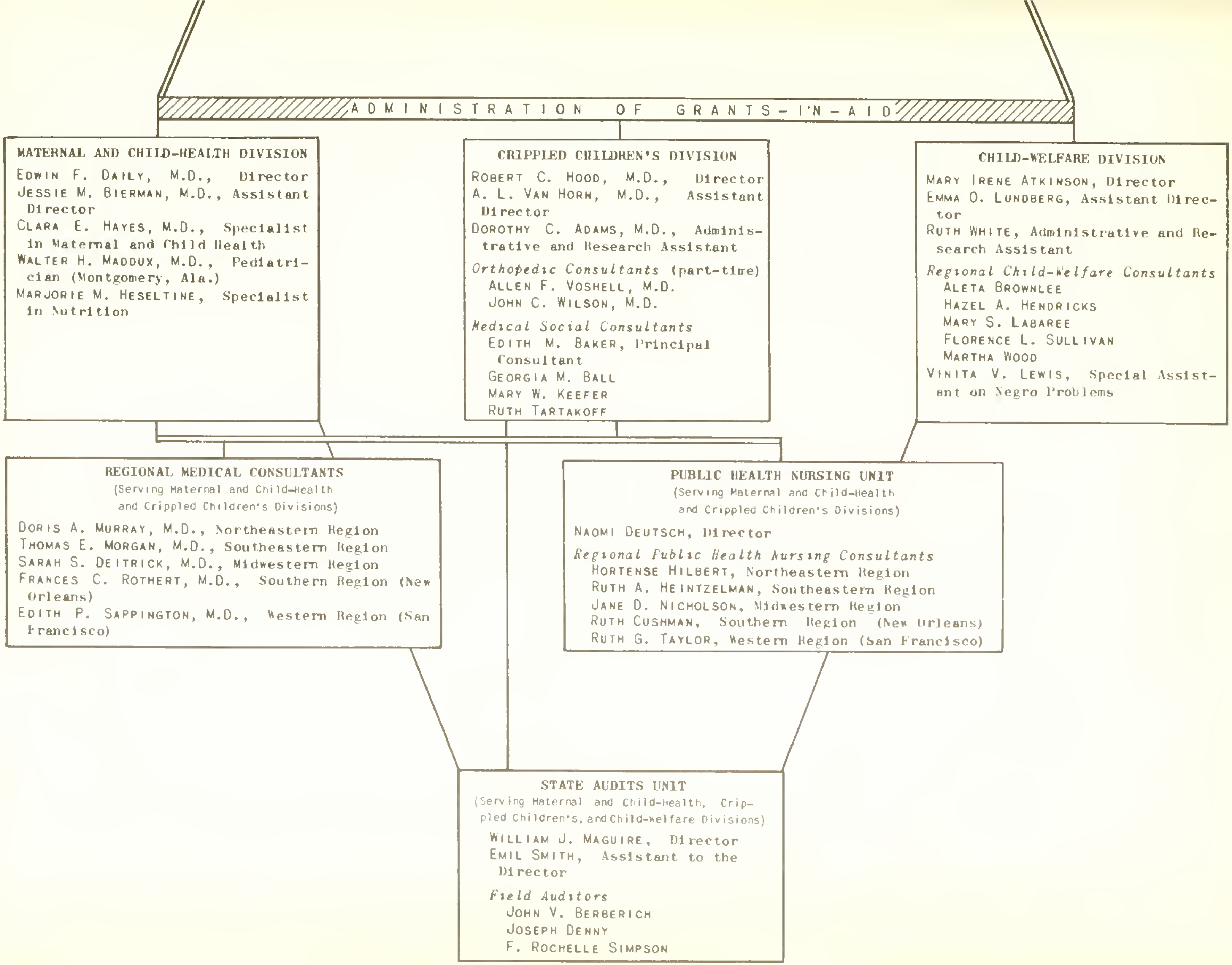
EDITORIAL DIVISION

Isabelle M. Hopkins, Director
Ruth W. Clark, Illustrator
Miriam Keeler, Editor of *The Child*
James D. Richardson, Illustrator in Charge of Exhibits
Anna Kalet Smith, Associate in Foreign Research

Editorial Staff
Dorothy K. Dick
Sarah L. Doran
Walter Gutmann
Sara L. McGarvey
Clarice F. Shinn

DIVISION OF STATISTICAL RESEARCH

Robert J. Myers, Ph.D., Director
Elizabeth C. Tandy, Sc.D., Assistant Director
Bernadine A. Fouch, Associate Statistician
Edith S. Gray, Research Assistant
Marion C. Henderson, Associate Statistician
Rachel M. Jenss, Sc.D., Supervisor of Statistical Studies on Child Growth
Ruth R. Moore, Junior Statistician
Louis J. Owen, Supervisor of Current Statistics
Hannah S. Rifkind, Junior Research Assistant
Rena Rosenberg, Technical Assistant
Frances M. Welch, Associate Statistician (St. Paul)
Emma A. Winslow, Ph.D., Consultant in Social-Security Statistics
Thelma R. Wright, Associate Statistician (New Orleans)



ADMINISTRATION OF GRANTS-IN-AID

MATERNAL AND CHILD-HEALTH DIVISION

Edwin F. Daily, M.D., Director
Jessie M. Bierman, M.D., Assistant Director
Clara E. Hayes, M.D., Specialist in Maternal and Child Health
Walter H. Maddux, M.D., Pediatrician (Montgomery, Ala.)
Marjorie M. Heseltine, Specialist in Nutrition

CRIPPLED CHILDREN'S DIVISION

Robert C. Hood, M.D., Director
A. L. Van Horn, M.D., Assistant Director
Dorothy C. Adams, M.D., Administrative and Research Assistant

Orthopedic Consultants (part-time)
- Allen F. Voshell, M.D.
- John C. Wilson, M.D.

Medical Social Consultants
- Edith M. Baker, Principal Consultant
- Georgia M. Ball
- Mary W. Keefer
- Ruth Tartakoff

CHILD-WELFARE DIVISION

Mary Irene Atkinson, Director
Emma O. Lundberg, Assistant Director
Ruth White, Administrative and Research Assistant

Regional Child-Welfare Consultants
- Aleta Brownlee
- Hazel A. Hendricks
- Mary S. Labaree
- Florence L. Sullivan
- Martha Wood

Vinita V. Lewis, Special Assistant on Negro Problems

REGIONAL MEDICAL CONSULTANTS
(Serving Maternal and Child-Health and Crippled Children's Divisions)

Doris A. Murray, M.D., Northeastern Region
Thomas E. Morgan, M.D., Southeastern Region
Sarah S. Deitrick, M.D., Midwestern Region
Frances C. Rothert, M.D., Southern Region (New Orleans)
Edith P. Sappington, M.D., Western Region (San Francisco)

PUBLIC HEALTH NURSING UNIT
(Serving Maternal and Child-Health and Crippled Children's Divisions)

Naomi Deutsch, Director

Regional Public Health Nursing Consultants
- Hortense Hilbert, Northeastern Region
- Ruth A. Heintzelman, Southeastern Region
- Jane D. Nicholson, Midwestern Region
- Ruth Cushman, Southern Region (New Orleans)
- Ruth G. Taylor, Western Region (San Francisco)

STATE AUDITS UNIT
(Serving Maternal and Child-Health, Crippled Children's, and Child-welfare Divisions)

William J. Maguire, Director
Emil Smith, Assistant to the Director

Field Auditors
- John V. Berberich
- Joseph Denny
- F. Rochelle Simpson

THE CHILD

MONTHLY NEWS SUMMARY

✦

CHILDREN'S BUREAU

KATHARINE F. LENROOT, Chief

✦

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE . 1938

3

Social Statistics

Supplement Number 3, March 1938

to

THE CHILD—Monthly News Summary

Volume 2, Numbers 9 and 10

Published by the

CHILDREN'S BUREAU

U. S. DEPARTMENT OF LABOR

WASHINGTON, D. C.

SOCIAL-STATISTICS SUPPLEMENT

Number 3 March 1938

The SOCIAL-STATISTICS SUPPLEMENT is issued by the Children's Bureau four times a year, in connection with the Bureau's monthly publication, THE CHILD.

The purpose of the supplement is to make available for general use summaries of current social statistics related to child welfare, prepared by the Bureau's Division of Statistical Research. While material presented in the supplement will be based largely on reports forwarded by health and social agencies in connection with the Bureau's project for the registration of social statistics, closely related material from other sources will also appear from time to time.

U. S. SUPERINTENDENT OF DOCUMENTS
JUN 3 1938

DEPENDENT AND NEGLECTED CHILDREN

VOLUME AND TYPE OF CARE PROVIDED ON DECEMBER 31, 1936, BY PUBLIC AND PRIVATE AGENCIES IN 33 SPECIFIED URBAN AREAS

On December 31, 1936, 79,072 children were benefiting under programs of aid to dependent children, and 94,026 children were receiving protective services or foster care in 33 urban areas including approximately 30 percent of the urban population of the United States. This information is taken from reports submitted by the urban centers that are participating in the Children's Bureau social-statistics project.

Material presented in this article summarizes statistics on child care as of December 31, 1936,[1] for 33 urban areas (table 1) and outlines the trend in the number of dependent and neglected children receiving care during the period 1932-36 in 17 urban areas for which figures covering the entire period are available (table 2). Statistics are presented in tables 3 and 4 for the individual urban areas. Table 3 includes material as of December 31, 1936, for 33 specified urban areas, and table 4 includes material as of December 31, 1935 and 1936, for 25 specified urban areas. Reports have been included only from areas submitting substantially complete reports in the children's fields for the periods indicated.

Children reported as receiving assistance under programs of aid to dependent children include all children receiving mothers' aid, whether or not under the public-assistance provisions of the Social Security Act, and all children receiving aid to dependent children under the social-security program. The latter phrase (aid to dependent children) will be used throughout the present article to designate all Federal, State, and other public programs of this nature.

The number of children receiving protective services or foster care includes children receiving care from child-caring agencies in the homes of parents or relatives and in institutions and foster homes.[2]

Number of Dependent and Neglected Children Under Care on December 31, 1936

On December 31, 1936, 79,072 children were included under aid-to-dependent-children programs in the 33 urban areas. Sixteen of the areas were located in States which were not cooperating under Federal grants-in-aid programs for aid to dependent children during 1936. These areas were: Atlanta, Bridgeport, Buffalo, Chicago, Dallas, Hartford, Houston, Kansas City, Mo., Louisville, Minneapolis, New Haven, Providence, St. Louis, St. Paul, Sioux City, and Syracuse. All cities except Atlanta, however, were giving some assistance of this type to children.

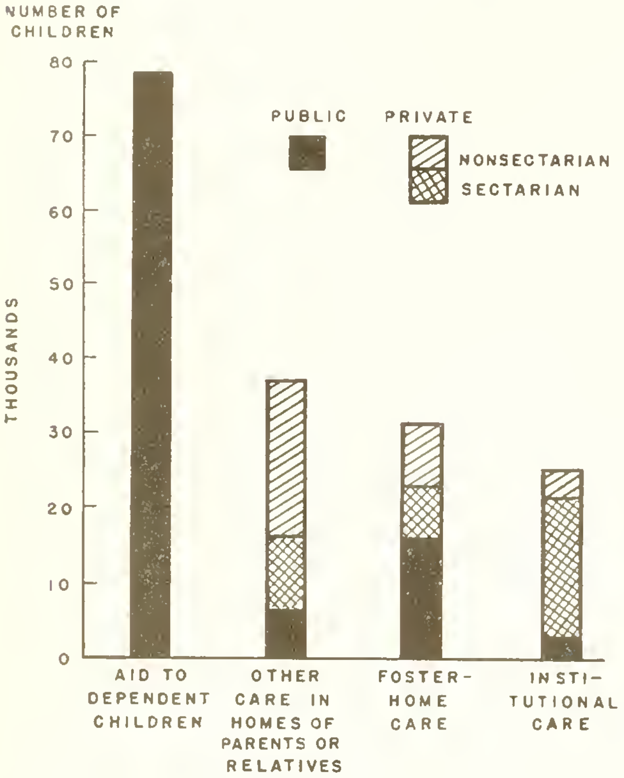
Of the 94,026 children receiving protective services or foster care on December 31, 1936, in the 33 urban areas, 37,276 (39 percent) were receiving services in the homes of their parents or relatives, with or without maintenance from the reporting agency; nine-tenths of them received services only. The remaining 56,750 children were being cared for away from home: 25,020, in institutions and 31,730, in foster homes (chart 1).

---

[1] In the *Social-Statistics Supplement* for January 1937 similar data were presented for 25 urban areas as of December 31, 1935. Reports from the following additional areas are included in this issue: Baltimore, Boston, Dallas, Hartford, Los Angeles, Kansas City, Mo., Newark, and Providence. The distribution of cases between public and private agencies and by type of care on December 31, 1936, does not vary by more than 1 percent through the addition of figures reported by these eight areas to the figures for the 25 areas referred to above.

[2] Children under care of institutions for delinquents are not included. Although an attempt has been made to include resident children under care outside the reporting areas, a few such children are undoubtedly not included, and some children not residents of the reporting areas are probably included.

CHART 1.—TYPE OF CARE FOR DEPENDENT AND NEGLECTED CHILDREN PROVIDED BY PUBLIC AND PRIVATE AGENCIES IN 33 URBAN AREAS ON DECEMBER 31, 1936



Of children receiving foster care, approximately 80 percent were in boarding homes; 13 percent, in free homes; and 7 percent, in work or wage homes.

Public agencies were responsible for 25,332 children, or 27 percent of those receiving child care and protective services other than aid to dependent children in the 33 urban areas. The percentage of children receiving child care and protective services through public agencies varied among the areas from zero in the case of Detroit, Cincinnati, and New Orleans to 60 percent in the case of St. Paul.

The data presented indicate the extent to which public and private agencies assumed responsibility for the direct care of dependent and neglected children, but they do not show the proportion nor the number of children who received financial support from public and private funds. In some instances the funds of private agencies are subsidized by public funds either through a lump-sum appropriation or through payment on a per-capita basis.

Of the 25,332 children under care of public agencies, 25 percent were in the homes of parents or relatives, 64 percent were in foster homes, and 11 percent were in institutions. Of the 68,694 children supervised by private agencies, on the

Table 1.—Dependent and neglected children under care on December 31, 1936, in 33 reporting areas in the United States by kind of agency and type of care provided

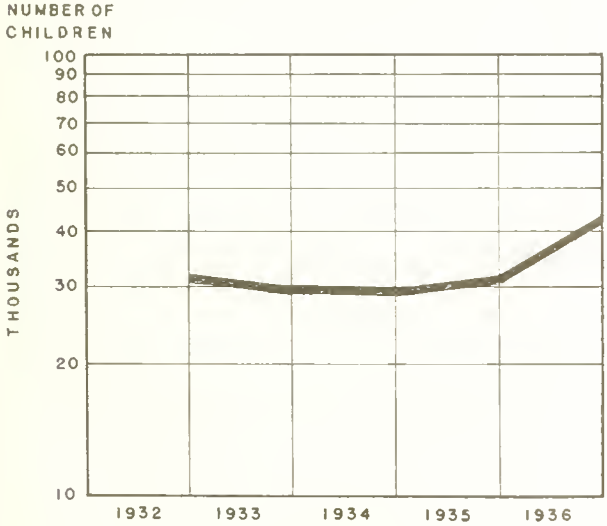
Type of care	Total		Public		Private			
					Total			
	Number	Percent	Number	Percent	Number	Percent	Sectarian	Non-sectarian
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Aid to dependent children	79,072	100	79,072	100	......	....	......	....
Protective services and foster care	94,026	100	25,332	27	68,694	73	34,202	34,492
In homes of parents or relatives	37,276	100	6,243	17	31,033	83	9,498	21,535
In institutions	25,020	100	2,916	12	22,104	88	18,106	3,998
In foster homes	31,730	100	16,173	51	15,557	49	6,598	8,959
Free	4,038	100	1,228	30	2,810	70	1,572	1,238
Boarding	25,399	100	14,038	55	11,361	45	4,331	7,030
Work or wage	2,293	100	907	40	1,386	60	695	691

other hand, 45 percent were in the homes of parents or relatives, 23 percent were in foster homes, and 32 percent were in institutions.

Only 4 percent of the children under supervision of private agencies in the homes of parents or relatives also received maintenance from the reporting agency, whereas 26 percent of the children under supervision of public agencies in the homes of parents or relatives received maintenance from the reporting agency. In foster-home care, boarding homes were used proportionately less by private agencies than by public agencies. The percentage of children receiving foster care who were in boarding homes was 73 percent among private agencies and 87 percent among public agencies.

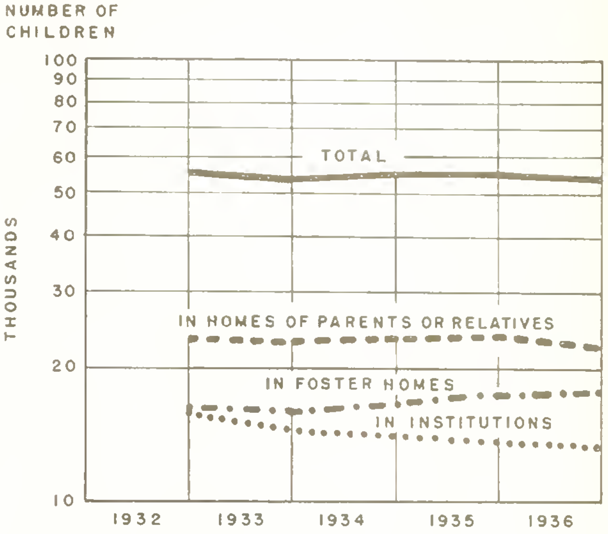
Approximately one-half of the children under supervision of private agencies were cared for by sectarian agencies. The proportion of children under the different sectarian auspices varied greatly from area to area, however. Agencies affiliated either directly or indirectly with the Catholic Church made up the largest group of sectarian agencies. This group cared for nearly 70 percent of the total children under care of sectarian agencies.

Chart 2.—Children Included in Aid-to-Dependent-Children Programs in 17 Urban Areas on the Last Day of Each Year, 1932 Through 1936



Nonsectarian agencies reported that 62 percent of the children under their care were in homes of parents or relatives, 12 percent in institutions, and 26 percent in foster homes. Sectarian agencies reported that 28 percent were in homes of parents or relatives, 53 percent in institutions, and 19 percent in foster homes.

Chart 3.—Dependent and Neglected Children in 17 Urban Areas Under Specified Types of Care on the Last Day of Each Year, 1932 Through 1936*



*Does not include aid-to-dependent-children cases.

Number of Dependent and Neglected Children, 1932-36

Table 2, presenting the type of care provided for dependent and neglected children in 17 reporting areas[3] on the last day of December for each year from 1932 through 1936, shows that there was little difference in the total number of children benefiting under aid-to-dependent-children programs in these 17 areas through 1935 (chart 2). From December 31, 1935, through December 31, 1936[4] this group increased 35 percent, from 31,256 to 42,090, largely because of the effect of the Federal grants-in-aid program.

---

[3] The principal cities in the areas included are: Akron, Buffalo, Canton, Chicago, Cincinnati, Cleveland, Columbus, Dayton, Detroit, Grand Rapids, Louisville, Milwaukee, Minneapolis, St. Paul, Sioux City, Syracuse, and Washington.

[4] Changes from 1935 to 1936 in the 17 areas agree roughly with those indicated by material available for this period from a larger group of 25 areas, statistics for which are presented in table 4, p. 18.

The total number of children receiving protective services or foster care decreased slightly from 1932 to 1936 (chart 3). The number of children under care in homes of parents or relatives decreased 5 percent, from 23,305 to 22,201. During this same period the number in institutions decreased 14 percent, from 15,956 to 13,796. These decreases were accompanied by a small increase (9 percent) in the number of children under care in foster homes, from 16,255 to 17,785.

A gradual increase from 1932 through 1936 in the proportionate number of children, not including those receiving aid to dependent children, under supervision of public agencies and, conversely, a decrease in the proportionate number under supervision of private agencies are illustrated by the following figures:

Year	*Percentage under auspices of--*	
	Public agencies	*Private agencies*
1932- - - - - - -	18	82
1933- - - - - - -	20	80
1934- - - - - - -	20	80
1935- - - - - - -	22	78
1936- - - - - - -	24	76

The increase in the number of children under public supervision in the 17 areas was actual as well as relative. The number under care of public agencies in the homes of parents or relatives, other than those receiving aid to dependent children, increased from 1,795 on December 31, 1932, to 3,004 on December 31, 1936, while the number under care in foster homes increased from 6,518 to 8,036; the number under care of public agencies in institutions decreased from 1,913 to 1,891.

Table 2.--Dependent and neglected children under care on December 31 of each year from 1932 through 1936 in 17 reporting areas,[a] by kind of agency and type of care provided

Year and kind of agency	Children under care								
	Receiving aid to dependent children	Receiving protective services and foster care							
		Total		In homes of parents or relatives		In institutions		In foster homes	
		Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1932: Total	31,106	55,516	100	23,305	42	15,956	29	16,255	29
Public	31,106	10,226	100	1,795	17	1,913	19	6,518	64
Private	....	45,290	100	21,510	47	14,043	31	9,737	22
1933: Total	29,531	53,688	100	23,140	43	14,509	27	16,039	30
Public	29,531	10,539	100	1,624	15	1,886	18	7,029	67
Private	....	43,149	100	21,516	50	12,623	29	9,010	21
1934: Total	29,465	54,199	100	23,376	43	14,104	26	16,719	31
Public	29,465	11,066	100	1,961	18	1,792	16	7,313	66
Private	....	43,133	100	21,415	50	12,312	28	9,406	22
1935: Total	31,256	54,929	100	23,617	43	13,848	25	17,464	32
Public	31,256	12,282	100	2,549	21	1,761	14	7,972	65
Private	....	42,647	100	21,068	50	12,087	28	9,492	22
1936: Total	42,090	53,782	100	22,201	41	13,796	26	17,785	33
Public	42,090	12,931	100	3,004	23	1,891	15	8,036	62
Private	....	40,851	100	19,197	47	11,905	29	9,749	24

Note: Data reported by registration areas corrected to March 1, 1938.

[a] The principal cities in the areas included are: Akron, Buffalo, Canton, Chicago, Cincinnati, Cleveland, Columbus, Dayton, Detroit, Grand Rapids, Louisville, Milwaukee, Minneapolis, St. Paul, Sioux City, Syracuse, and Washington.

Table 3.--Dependent and neglected children under care on December 31, 1936, in 33 reporting areas in the United States, by kind of agency and type of care provided

State, city, and kind of agency	Territory included	Children under care													
		Receiving aid to dependent children	Receiving protective services and foster care												
			Agencies reporting	Total	In homes of parents or relatives				In institutions		In foster homes				
					Total		With maintenance	Without maintenance	Number	Percent	Total		Free	Boarding	Work or wage
					Number	Percent					Number	Percent			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Total	....	79,072	527	94,026	37,276	39	2,946	34,330	25,020	27	31,730	34	4,038	25,399	2,293
Public		79,072	50	25,332	6,243	25	1,624	4,619	2,916	11	16,173	64	1,228	14,038	907
Private		....	477	68,694	31,033	45	1,322	29,711	22,104	32	15,557	23	2,810	11,361	1,386
Nonsectarian		....	151	34,492	21,535	62	698	20,837	3,998	12	8,959	26	1,238	7,030	691
Catholic		....	164	23,658	7,148	30	248	6,900	12,126	51	4,384	19	1,282	2,507	595
Jewish		....	46	4,280	1,629	38	312	1,317	1,193	28	1,458	34	50	1,395	13
Protestant		....	109	5,883	701	12	44	657	4,429	75	753	13	240	426	87
Other		....	7	381	20	5	20	....	358	94	3	1	......	3	......
California: Los Angeles	County	7,172	35	6,301	2,825	45	21	2,804	2,023	32	1,453	23	275	1,073	105
Public		7,172	3	1,158	253	22	....	253	221	19	684	59	5	669	10
Private		....	32	5,143	2,572	50	21	2,551	1,802	35	769	15	270	404	95
Nonsectarian		....	12	1,725	591	34	....	591	763	44	371	22	225	138	8
Catholic		....	8	1,771	1,041	59	....	1,041	490	28	240	13	43	136	61
Jewish		....	3	972	734	75	1	733	113	12	125	13	......	119	6
Protestant		....	8	559	186	33	....	186	343	61	30	6	2	8	20
Other		....	1	116	20	17	20	....	93	80	3	3	......	3	......
Connecticut: Bridgeport	Area [a]	368	10	735	139	19	21	118	198	27	398	54	20	362	16
Public		[b] 368	3	302	50	17	14	36	45	15	207	68	2	202	3
Private		....	7	433	89	21	7	82	153	35	191	44	18	160	13
Nonsectarian		....	2	86	14	16	....	14	9	11	63	73	4	55	4
Catholic		....	3	274	59	21	2	57	98	36	117	43	14	96	7
Jewish		....	1	9	6	67	5	1	....	....	3	33	......	3	......
Protestant		....	1	64	10	16	....	10	46	72	8	12	......	6	2
Other		....	....	....	....	....	....	....	....	....	....	....	......	......	......

Hartford	Area[c]	486	9	1,567	545	35	23	522	357	23	665	42	32	590	43
Public		486	2	658	103	16	13	90	150	23	405	61	4	370	31
Private		...	7	909	442	49	10	432	207	23	260	28	28	220	12
Nonsectarian		...	3	529	336	64	7	329	90	17	103	19	13	80	10
Catholic		...	3	348	106	31	3	103	85	24	157	45	15	140	2
Jewish		...	1	32	...	...	...	...	32	100	...	...	...	...	...
Protestant		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other		...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Haven	Area[d]	532	11	1,318	316	24	16	300	378	29	624	47	17	585	22
Public		532	2	582	51	9	16	35	127	22	404	69	2	394	8
Private		...	9	736	265	36	...	265	251	34	220	30	15	191	14
Nonsectarian		...	4	461	246	53	...	246	73	16	142	31	9	123	10
Catholic		...	4	238	19	8	...	19	141	59	78	33	6	68	4
Jewish		...	1	37	...	...	...	...	37	100	...	...	...	...	...
Protestant		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other		...	...	...	...	...	...	...	...	...	...	...	...	...	...
District of Columbia: Washington	City	3,653	19	2,429	519	22	87	432	858	35	1,052	43	126	893	33
Public		3,653	5	1,388	280	20	67	213	154	11	954	69	112	809	33
Private		...	14	1,041	239	23	20	219	704	68	98	9	14	84	...
Nonsectarian		...	4	335	133	40	...	133	152	45	50	15	10	40	...
Catholic		...	5	474	106	22	20	86	320	68	48	10	4	44	...
Jewish		...	1	32	...	...	...	...	32	100	...	...	...	...	...
Protestant		...	4	200	...	...	...	...	200	100	...	...	...	...	...
Other		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Georgia: Atlanta	Area[e]	...	7	912	338	37	80	258	244	27	330	36	70	251	9
Public		...	1	402	209	52	18	191	...	...	193	48	31	154	8
Private		...	6	510	129	25	62	67	244	48	137	27	39	97	1
Nonsectarian		...	4	411	81	20	15	66	204	49	126	31	39	86	1
Catholic		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jewish		...	1	59	48	81	47	1	...	...	11	19	...	11	...
Protestant		...	1	40	...	...	...	...	40	100	...	...	...	...	...
Other		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Illinois: Chicago	County	3,527	60	10,403	2,525	24	313	2,212	5,139	50	2,739	26	242	2,260	237
Public		3,527	2	[b]881	[b]42	5	...	[b]42	[f]68	8	[b]771	87	[b]9	[b]584	[b]178
Private		...	58	9,522	2,483	26	313	2,170	5,071	53	1,968	21	233	1,676	59

Table 3.--Dependent and neglected children under care on December 31, 1936, in 33 reporting areas in the United States, by kind of agency and type of care provided--Continued

State, city, and kind of agency	Territory included	Children under care													
		Receiving aid to dependent children	Receiving protective services and foster care												
			Agencies reporting	Total	In homes of parents or relatives				In institutions		In foster homes				
					Total		With maintenance	Without maintenance	Number	Per cent	Total		Free	Boarding	Work or wage
					Number	Per cent					Number	Per cent			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Illinois--Cont'd.															
Chicago--Cont'd.															
Private--Cont'd.															
Nonsectarian		....	18	4,106	2,037	50	122	1,915	800	19	1,269	31	194	1,040	35
Catholic		....	11	2,834	143	5	....	143	2,684	95	7	(9)	......	5	2
Jewish		....	7	1,073	230	22	183	47	356	33	487	45	11	476	......
Protestant		....	20	1,338	73	6	8	65	1,060	79	205	15	28	155	22
Other		....	2	171	....	....	....	....	171	100	....	....	......	......	......
Iowa															
Sioux City	County	315	5	273	61	22	61	....	174	64	38	14	25	13	......
Public		315	1	99	61	62	61	....	....	....	38	38	25	13	......
Private		....	4	174	....	....	....	....	174	100	....	....	......	......	......
Nonsectarian		....	2	112	....	....	....	....	112	100	....	....	......	......	......
Catholic		....	2	62	....	....	....	....	62	100	....	....	......	......	......
Jewish		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Kentucky:															
Louisville	City	649	11	2,195	753	34	73	680	753	34	689	32	149	514	26
Public		[h]649	1	1,233	372	30	49	323	303	25	558	45	129	404	25
Private		....	10	962	381	39	24	357	450	47	131	14	20	110	1
Nonsectarian		....	1	463	340	73	21	319	....	....	123	27	17	105	1
Catholic		....	4	301	....	....	....	....	301	100	....	....	......	......	......
Jewish		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant		....	5	198	41	21	3	38	149	75	8	4	3	5	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......

Louisiana:															
New Orleans	Area[i]	4,124	17	1,976	1,029	52	....	1,029	856	43	91	5	38	43	10
Public		[j]4,124	....	....	....	....	....	....	....	....	....	....	....	....	....
Private		....	17	1,976	1,029	52	....	1,029	856	43	91	5	38	43	10
Nonsectarian		....	3	627	512	82	....	512	60	9	55	9	18	37	....
Catholic		....	8	1,086	517	48	....	517	533	49	36	3	20	6	10
Jewish		....	1	15	....	....	....	....	15	100	....	....	....	....	....
Protestant		....	5	248	....	....	....	....	248	100	....	....	....	....	....
Other		....	....	....	....	....	....	....	....	....	....	....	....	....	....
Maryland:															
Baltimore	City	7,562	34	2,697	454	17	70	384	1,048	39	1,195	44	149	1,009	37
Public		7,562	1	63	....	....	....	....	....	....	63	100	62	....	1
Private		....	33	2,634	454	17	70	384	1,048	40	1,132	43	87	1,009	36
Nonsectarian		....	10	1,158	286	25	17	269	259	22	613	53	37	564	12
Catholic		....	13	971	84	9	9	75	598	61	289	30	48	218	23
Jewish		....	1	262	43	16	23	20	....	....	219	84	....	219	....
Protestant		....	9	243	41	17	21	20	191	79	11	4	2	8	1
Other		....	....	....	....	....	....	....	....	....	....	....	....	....	....
Massachusetts:															
Boston	City	5,133	13	4,139	1,763	43	81	1,682	311	7	2,065	50	220	1,767	78
Public		5,133	1	1,482	130	9	57	73	....	....	1,352	91	152	1,154	46
Private		....	12	2,657	1,633	61	24	1,609	311	12	713	27	68	613	32
Nonsectarian		....	7	1,912	1,556	81	4	1,552	35	2	321	17	18	289	14
Catholic		....	3	[k]493	38	8	9	29	[k]268	54	187	38	40	132	15
Jewish		....	1	177	22	12	11	11	8	5	147	83	2	144	1
Protestant		....	1	75	17	23	....	17	....	....	58	77	8	48	2
Other		....	....	....	....	....	....	....	....	....	....	....	....	....	....
Springfield	Area[l]	243	6	737	228	31	4	224	80	11	429	58	44	342	43
Public		243	1	354	17	5	....	17	....	....	337	95	35	262	40
Private		....	5	383	211	55	4	207	80	21	92	24	9	80	3
Nonsectarian		....	3	334	211	63	4	207	31	9	92	28	9	80	3
Catholic		....	2	49	....	....	....	....	49	100	....	....	....	....	....
Jewish		....	....	....	....	....	....	....	....	....	....	....	....	....	....
Protestant		....	....	....	....	....	....	....	....	....	....	....	....	....	....
Other		....	....	....	....	....	....	....	....	....	....	....	....	....	....
Michigan:															
Detroit	County	15,108	20	8,586	4,855	56	83	4,772	1,105	13	2,626	31	547	1,837	242
Public		15,108	....	....	....	....	....	....	....	....	....	....	....	....	....
Private		....	20	8,586	4,855	56	83	4,772	1,105	13	2,626	31	547	1,837	242

Table 3.--Dependent and neglected children under care on December 31, 1936, in 33 reporting areas in the United States, by kind of agency and type of care provided--Continued

State, city, and kind of agency	Territory included	Children under care													
		Receiving aid to dependent children	Receiving protective services and foster care												
			Agencies reporting	Total	In homes of parents or relatives				In institutions		In foster homes				
					Total		With maintenance	Without maintenance	Number	Per-cent	Total		Free	Boarding	Work or wage
					Number	Per-cent					Number	Per-cent			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Michigan--Cont'd. Detroit--Cont'd.															
Private--Cont'd.															
Nonsectarian		....	4	[b]3,645	[b]2,441	67	[b]51	[b]2,390	2	(9)	[b]1,202	33	[b]98	[b]951	[b]153
Catholic		....	9	4,255	2,339	55	25	2,314	719	17	1,197	28	407	710	80
Jewish		....	2	225	73	32	7	66	53	24	99	44	7	89	3
Protestant		....	4	424	2	1	....	2	294	69	128	30	35	87	6
Other		....	1	37	....	....	....	....	37	100	....	....	......	......	......
Grand Rapids	County	1,509	3	318	118	37	102	16	99	31	101	32	58	36	7
Public		1,509	1	19	....	....	....	....	19	100	....	....	......	......	......
Private		....	2	299	118	39	102	16	80	27	101	34	58	36	7
Nonsectarian		....	1	157	107	68	91	16	5	3	45	29	6	32	7
Catholic		....	1	142	11	8	11	....	75	53	56	39	52	4	......
Jewish		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Minnesota: Minneapolis	Area[m]	2,168	18	4,500	3,362	75	64	3,298	212	5	926	20	206	590	130
Public		[h]2,168	1	[b]1,196	[b]987	83	....	[b]987	....	....	[b]209	17	[b]20	188	[b]1
Private		....	17	3,304	2,375	72	64	2,311	212	6	717	22	186	402	129
Nonsectarian		....	7	2,510	2,116	84	59	2,057	52	2	342	14	66	198	78
Catholic		....	5	523	175	34	....	175	116	22	232	44	44	140	48
Jewish		....	2	52	10	19	5	5	15	29	27	52	3	24	......
Protestant		....	3	219	74	34	....	74	29	13	116	53	73	40	3
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......

St. Paul........	County..	978	12	2,327	1,253	54	32	1,221	146	6	928	40	183	655	90
Public........		978	1	1,400	1,014	72	5	1,009	....	....	386	28	74	300	12
Private........		....	11	927	239	26	27	212	146	16	542	58	109	355	78
Nonsectarian.		....	3	430	143	33	27	116	8	2	279	65	31	236	12
Catholic.....		....	5	439	74	17	....	74	131	30	234	53	64	104	66
Jewish.......		....	1	37	22	59	....	22	....	....	15	41	......	15	......
Protestant...		....	2	21	....	....	....	....	7	33	14	67	14	......	......
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Missouri:															
Kansas City......	City....	240	21	1,559	232	15	3	229	914	59	413	26	216	184	13
Public........		ᵇ240	5	248	....	....	....	....	150	60	98	40	11	87	......
Private........		....	16	1,311	232	18	3	229	764	58	315	24	205	97	13
Nonsectarian.		....	6	ᵇ320	ᵇ120	37	3	ᵇ117	143	45	ᵇ57	18	......	ᵇ50	ᵇ7
Catholic.....		....	6	ᵇ728	106	14	....	106	ᵇ421	58	201	28	190	9	2
Jewish.......		....	1	39	....	....	....	....	39	100	....	....	......	......	......
Protestant...		....	3	224	6	3	....	6	161	72	57	25	15	38	4
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
St. Louis........	Areaⁿ...	695	23	3,567	726	20	97	629	1,053	30	1,788	50	161	1,474	153
Public........		ᵖ695	1	1,354	155	11	22	133	....	....	1,199	89	85	1,045	69
Private........		....	22	2,213	571	26	75	496	1,053	47	589	27	76	429	84
Nonsectarian.		....	4	975	523	54	60	463	58	6	394	40	21	309	64
Catholic.....		....	8	697	25	4	....	25	581	83	91	13	42	37	12
Jewish.......		....	2	126	11	9	3	8	47	37	68	54	7	60	1
Protestant...		....	8	415	12	3	12	....	367	88	36	9	6	23	7
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
New Jersey:															
Newark..........	City....	4,410	13	2,850	1,625	57	938	687	536	19	689	24	48	614	27
Public........		4,410	1	1,558	1,024	66	867	157	....	....	534	34	18	500	16
Private........		....	12	1,292	601	47	71	530	536	41	155	12	30	114	11
Nonsectarian.		....	3	594	388	65	70	318	87	15	119	20	21	87	11
Catholic.....		....	3	ᵏ257	....	....	....	....	ᵏ257	100	....	....	......	......	......
Jewish.......		....	3	290	153	53	1	152	107	37	30	10	7	23	......
Protestant...		....	3	151	60	40	....	60	85	56	6	4	2	4	......
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
New York:															
Buffalo.........	County..	2,037	16	4,730	1,684	35	217	1,467	1,121	24	1,925	41	104	1,789	32
Public........		2,037	1	1,713	220	13	211	9	....	....	1,493	87	56	1,417	20
Private........		....	15	3,017	1,464	49	6	1,458	1,121	37	432	14	48	372	12

Table 3.--Dependent and neglected children under care on December 31, 1936, in 33 reporting areas in the United States, by kind of agency and type of care provided--Continued

State, city, and kind of agency	Territory included	Children under care													
		Receiving aid to dependent children	Receiving protective services and foster care												
			Agencies reporting	Total	In homes of parents or relatives				In institutions		In foster homes				
					Total		With maintenance	Without maintenance	Number	Per cent	Total		Free	Boarding	Work or wage
					Number	Per cent					Number	Per cent			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
New York--Cont'd.															
Buffalo--Cont'd.															
Private--Cont'd.															
Nonsectarian		....	4	1,702	1,397	82	2	1,395	92	5	213	13	7	206	......
Catholic		....	5	975	25	3	3	22	779	80	171	17	30	129	12
Jewish		....	2	66	5	8	1	4	22	33	39	59	2	37	......
Protestant		....	4	274	37	14	....	37	228	83	9	3	9	......	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Syracuse	City	276	9	1,117	220	20	4	216	438	39	459	41	34	408	17
Public		276	2	342	20	6	3	17	....	....	322	94	17	298	7
Private		....	7	775	200	26	1	199	438	56	137	18	17	110	10
Nonsectarian		....	1	261	186	71	1	185	....	....	75	29	3	70	2
Catholic		....	4	383	14	4	....	14	307	80	62	16	14	40	8
Jewish		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant		....	2	131	....	....	....	....	131	100	....	....	......	......	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Ohio:															
Akron	County	477	4	865	436	50	94	342	195	23	234	27	45	157	32
Public		477	1	297	45	15	....	45	195	66	57	19	26	23	8
Private		....	3	568	391	69	94	297	....	....	177	31	19	134	24
Nonsectarian		....	1	148	83	56	1	82	....	....	65	44	13	45	7
Catholic		....	1	413	308	75	93	215	....	....	105	25	6	82	17
Jewish		....	1	7	....	....	....	....	....	....	7	100	......	7	......
Protestant		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......

Canton..........	County..	728	3	1,103	549	50	54	495	159	14	395	36	74	281	40
Public.........		728	1	332	84	25	1	83	159	48	89	27	56	10	23
Private........		....	2	771	465	60	53	412	....	....	306	40	18	271	17
Nonsectarian.		....	1	443	207	47	14	193	....	....	236	53	13	214	9
Catholic.....		....	1	328	258	79	39	219	....	....	70	21	5	57	8
Jewish.......		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant...		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Cincinnati.......	County..	2,158	22	4,439	2,688	61	33	2,655	909	20	842	19	91	660	91
Public.........		2,158	......	....	....	....	....	....	....	....	....	....	......	......	......
Private........		....	22	4,439	2,688	61	33	2,655	909	20	842	19	91	660	91
Nonsectarian.		....	4	3,087	2,137	71	27	2,160	276	9	624	20	56	521	47
Catholic.....		....	8	859	260	30	5	255	413	48	186	22	35	113	38
Jewish.......		....	2	173	131	76	1	130	18	10	24	14	......	24	......
Protestant...		....	7	305	110	36	....	110	187	61	8	3	......	2	6
Other........		....	1	15	....	....	....	....	15	100	....	....	......	......	......
Cleveland........	County..	2,948	24	7,268	2,779	38	239	2,540	1,109	15	3,380	47	177	2,968	235
Public.........		2,948	1	3,016	481	16	190	291	....	....	2,535	84	65	2,364	106
Private........		....	23	4,252	2,298	54	49	2,249	1,109	26	845	20	112	604	129
Nonsectarian.		....	6	3,077	2,209	72	40	2,169	125	4	743	24	103	532	108
Catholic.....		....	9	700	56	8	....	56	622	89	22	3	2	......	20
Jewish.......		....	3	270	33	12	9	24	157	58	80	30	7	72	1
Protestant...		....	5	[b]205	....	....	....	....	[b]205	100	....	....	......	......	......
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Columbus.........	County..	1,014	11	1,233	309	25	7	302	447	36	477	39	83	352	42
Public.........		1,014	2	539	29	5	5	24	170	32	340	63	60	266	14
Private........		....	9	694	280	40	2	278	277	40	137	20	23	86	28
Nonsectarian.		....	5	449	280	62	2	278	49	11	120	27	10	85	25
Catholic.....		....	3	183	....	....	....	....	183	100	....	....	......	......	......
Jewish.......		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant...		....	1	62	....	....	....	....	45	73	17	27	13	1	3
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Dayton..........	County..	610	4	1,147	366	32	29	337	397	35	384	33	51	280	53
Public.........		610	1	622	171	28	17	154	282	45	169	27	33	93	43
Private........		....	3	525	195	37	12	183	115	22	215	41	18	187	10
Nonsectarian.		....	1	282	117	41	9	108	....	....	165	59	8	152	5
Catholic.....		....	2	243	78	32	3	75	115	47	50	21	10	35	5
Jewish.......		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant...		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......

Table 3.--Dependent and neglected children under care on December 31, 1936, in 33 reporting areas in the United States, by kind of agency and type of care provided--Continued

State, city, and kind of agency	Territory included	Children under care													
		Receiving aid to dependent children	Receiving protective services and foster care												
			Agencies reporting	Total	In homes of parents or relatives				In institutions		In foster homes				
					Total		With maintenance	Without maintenance	Number	Per cent	Total		Free	Boarding	Work or wage
					Number	Per cent					Number	Per cent			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Pennsylvania:															
Pittsburgh	County	4,505	41	6,599	2,430	37	29	2,401	1,475	22	2,694	41	253	2,281	160
Public		4,505	1	2,255	167	7	....	167	....	....	2,088	93	59	1,950	79
Private		....	40	4,344	2,263	52	29	2,234	1,475	34	606	14	194	331	81
Nonsectarian		....	15	[b]2,412	1,755	73	6	1,749	[b]302	12	355	15	98	229	28
Catholic		....	10	1,463	419	29	13	406	853	58	191	13	93	48	50
Jewish		....	5	232	89	38	10	79	86	37	57	25	2	54	1
Protestant		....	8	195	....	....	....	....	192	98	3	2	1	......	2
Other		....	2	42	....	....	....	....	42	100	....	....	......	......	......
Rhode Island:															
Providence	City	781	14	2,214	1,147	52	48	1,099	444	20	623	28	67	516	40
Public		781	2	698	115	17	8	107	113	16	470	67	36	412	22
Private		....	12	1,516	1,032	68	40	992	331	22	153	10	31	104	18
Nonsectarian		....	4	711	573	81	27	546	13	2	125	17	19	91	15
Catholic		....	6	728	459	63	13	446	241	33	28	4	12	13	3
Jewish		....	1	35	....	....	....	....	35	100	....	....	......	......	......
Protestant		....	1	42	....	....	....	....	42	100	....	....	......	......	......
Other		....	......	....	....	....	....	....	......	....	....	....	......	......	......
Texas:															
Dallas	County	434	10	488	16	3	2	14	370	76	102	21	31	71	......
Public		434	1	120	....	....	....	....	60	50	60	50	......	60	......
Private		....	9	368	16	4	2	14	310	84	42	12	31	11	......
Nonsectarian		....	3	103	16	15	2	14	45	44	42	41	31	11	......
Catholic		....	3	125	....	....	....	....	125	100	....	....	......	......	......
Jewish		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Protestant		....	3	140	....	....	....	....	140	100	....	....	......	......	......
Other		....	......	....	....	....	....	....	....	....	....	....	......	......	......

Houston..........	County..	297	5	718	147	20	12	135	279	39	292	41	31	227	34
Public.........		297	2	244	42	17	....	42	159	65	43	18	10	1	32
Private........		....	3	474	105	22	12	93	120	25	249	53	21	226	2
Nonsectarian.		....	2	470	105	22	12	93	116	25	249	53	21	226	2
Catholic.....		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Jewish.......		....	1	4	....	....	....	....	4	100	....	....	......	......	......
Protestant...		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......
Wisconsin:															
Milwaukee........	County..	3,935	17	2,716	839	31	9	830	1,193	44	684	25	171	317	196
Public.........		3,935	2	777	121	15	....	121	541	70	115	15	34	9	72
Private........		....	15	1,939	718	37	9	709	652	34	569	29	137	308	124
Nonsectarian.		....	3	457	239	52	4	235	37	8	181	40	20	148	13
Catholic.....		....	9	1,316	428	33	....	428	559	42	329	25	86	141	102
Jewish.......		....	2	56	19	34	5	14	17	30	20	36	2	18	......
Protestant...		....	1	110	32	29	....	32	39	36	39	35	29	1	9
Other........		....	......	....	....	....	....	....	....	....	....	....	......	......	......

Note: Data reported by registration areas corrected to March 1, 1938.

[a] Includes cities of Bridgeport, Fairfield, and Stratford.

[b] Includes estimates.

[c] Includes city of Hartford, and towns of Bloomfield, East Hartford, Newington, West Hartford, Wethersfield, and Windsor.

[d] Includes city of New Haven, East Haven, West Haven, and Hamden.

[e] Includes Fulton and DeKalb Counties.

[f] Report as of November 30, 1936.

[g] Less than one-half of 1 percent.

[h] Figures relate to county.

[i] Includes Orleans Parish; St. Bernard Parish, Wards No. 1, 2, 3, 4, and 5; and Jefferson Parish, Wards 1, 2, 3, 4, 7, 8, and 9.

[j] Figures relate to Orleans Parish.

[k] Includes figures from Catholic institutions not reported to the Children's Bureau but obtained from The Official Catholic Directory for 1937 through the National Conference of Catholic Charities. The figures probably include some children not residents of the registration area.

[l] Includes city of Springfield and towns of Longmeadow and West Springfield.

[m] Includes city of Minneapolis and village of Edina.

[n] Includes city of St. Louis and St. Louis County.

[p] Figures relate to city.

Table 4.--Dependent and neglected children under care on December 31, 1935, and December 31, 1936, in 25 reporting areas in the United States, by type of care provided

State, city, and year	Children under care				
	Receiving aid to dependent children	Receiving protective services and foster care			
		Total	In homes of parents or relatives	In institutions	In foster homes
(1)	(2)	(3)	(4)	(5)	(6)
Total:					
1935.....	37,450	74,458	30,921	19,275	24,262
1936.....	52,854	72,211	28,669	19,017	24,525
Connecticut:					
Bridgeport:					
1935........	a 322	725	167	209	349
1936........	a 368	735	139	198	398
New Haven:					
1935........	545	1,471	484	374	613
1936........	532	1,318	316	378	624
District of Columbia:					
Washington:					
1935........	652	2,498	606	812	1,080
1936........	3,653	2,429	519	858	1,052
Georgia:					
Atlanta:					
1935........	....	671	127	274	270
1936........	....	912	338	244	330
Illinois:					
Chicago:					
1935........	4,783	10,240	2,291	5,238	2,711
1936........	3,527	10,403	2,525	5,139	2,739
Iowa:					
Sioux City:					
1935........	385	301	70	181	50
1936........	315	273	61	174	38
Minnesota:					
Minneapolis:					
1935........	b 2,200	4,759	3,537	250	972
1936........	b 2,168	4,500	3,362	212	926
St. Paul:					
1935........	940	2,216	1,200	148	868
1936........	978	2,327	1,253	146	928
Missouri:					
St. Louis:					
1935........	d 451	3,596	829	1,041	1,726
1936........	d 695	3,567	726	1,053	1,788
New York:					
Buffalo:					
1935........	1,849	4,936	1,909	1,118	1,909
1936........	2,037	4,730	1,684	1,121	1,925
Syracuse:					
1935........	257	1,062	162	474	426
1936........	276	1,117	220	438	459
Ohio:					
Akron:					
1935........	670	793	337	213	243
1936........	477	865	436	195	234
Canton:					
1935........	599	900	440	161	299
1936........	728	1,103	549	159	395
Cincinnati:					
1935........	1,157	5,138	3,381	973	784
1936........	2,158	4,439	2,688	909	842

Kentucky:					
Louisville:					
1935........	[b] 723	2,282	728	778	776
1936........	[b] 649	2,195	753	753	689
Louisiana:					
New Orleans:					
1935........	....	2,356	1,402	838	116
1936........	[c] 4,124	1,976	1,029	856	91
Massachusetts:					
Springfield:					
1935........	169	793	256	63	474
1936........	243	737	228	80	429
Michigan:					
Detroit:					
1935........	8,004	9,454	5,887	1,065	2,502
1936........	15,108	8,586	4,855	1,105	2,626
Grand Rapids:					
1935........	784	417	205	107	105
1936........	1,509	318	118	99	101
Cleveland:					
1935........	2,847	7,079	2,675	1,085	3,319
1936........	2,948	7,268	2,779	1,109	3,380
Columbus:					
1935........	1,310	1,338	332	443	563
1936........	1,014	1,233	309	447	477
Dayton:					
1935........	521	1,064	290	421	353
1936........	610	1,147	366	397	384
Pennsylvania:					
Pittsburgh:					
1935........	4,449	7,160	2,675	1,611	2,874
1936........	4,505	6,599	2,430	1,475	2,694
Texas:					
Houston:					
1935........	258	669	131	286	252
1936........	297	718	147	279	292
Wisconsin:					
Milwaukee:					
1935........	3,575	2,540	800	1,112	628
1936........	3,935	2,716	839	1,193	684

Note: Data reported by registration areas corrected to March 1, 1938.

[a] Includes estimates.
[b] Figures relate to county.
[c] Figures relate to Orleans Parish.
[d] Figures relate to city.

Published under authority of Public Resolution No 57 approved May 11, 1922 (42 Stat 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat 409) This publication approved by the Director, Bureau of the Budget, May 12, 1936

U S GOVERNMENT PRINTING OFFICE 1938

THE Child

Monthly News Summary

MAY
1938

Volume 2
Number 11

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

[illegible] SUPERINTENDENT OF [illegible]
JUN 10 1938

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 11 May 1938

CONTENTS

PAGE

MATERNAL, INFANT, AND CHILD HEALTH

May Day Broadcast to the Nation, by Mrs. Franklin D. Roosevelt - - - - - 221
The American Congress on Obstetrics and Gynecology - - - - - - - - - - - 222
Epidemic Diarrhea of the Newborn - 222
Senator Wagner's Resolution on Health Needs - - - - - - - - - - - - - - 223
New Laws Provide for Testing the Blood of Pregnant Women - - - - - - - - 223
Book and Periodical Notes - 224

SOCIAL-SECURITY PROGRAM FOR CHILDREN

Report to Advisory Committee on Community Child-Welfare Services, by Mary Irene Atkinson - 226
Extending Services to Crippled Children - - - - - - - - - - - - - - - - 229
News Notes - 230
NEEDS OF THE CRIPPLED CHILD CONSIDERED
NORTH DAKOTA PRESCHOOL CHILDREN EXAMINED
BILL INTRODUCED TO AMEND SOCIAL SECURITY ACT
Book and Periodical Notes - 231

CHILD LABOR

Current Studies by the Industrial Division, by Beatrice McConnell - - - 232
New York Prohibits Home Work in Artificial Flower and Feather Industry - 233
Minimum-Wage Rates for Sugar-Beet Workers - - - - - - - - - - - - - - - 233
Book and Periodical Notes - 234

SOCIALLY HANDICAPPED CHILDREN

Medical Social Work with the Unmarried Mother - - - - - - - - - - - - - 235
Notes on Problems of the Transient - - - - - - - - - - - - - - - - - - 239
Report on Housekeeper Service Conference Issued - - - - - - - - - - - - 239
American Association of Social Workers Releases Survey - - - - - - - - - 240
Book and Periodical Notes - 240
OF CURRENT INTEREST - 241
Stanford Education Conferences
International Management Congress
Conference Calendar

For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

✦

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

MAY DAY BROADCAST TO THE NATION[1]

BY MRS. FRANKLIN D. ROOSEVELT

I am glad to be able to speak on Child Health Day because child health is perhaps the most important subject for the Nation to consider. Unless we have children growing up healthily and happily and well cared for, our civilization is not going on successfully. Therefore, whether we have children of our own or not, we are all interested in the children of the Nation.

But the factors that affect the health of the child cannot be separated from the general condition of the people of the community as a whole. The economic condition of the people is important to the health of the child. The housing of the people is important to the health of the child. The sanitation of the community, the education, the recreation--everything that forms the life of the community--touches somewhere the welfare of the child.

The reasons for our very low standing in the care of mothers and babies exist because we, the citizens of this country, have never given as much time and thought as we should to conditions in our individual communities. No number of trained workers, no amount of good government, no amount of money spent is going to achieve the maximum results for the children of the country except through the interest of the individual citizens in their own community.

Of course, we must begin, when we consider child health, with the health of the mother and of the baby--the right of a child to come into the world without handicaps. We are waking up to the fact that there are many factors that contribute to these handicaps. We must study our own communities, and decide where we are able to do the best possible work. We must decide where our particular gifts may be used and use them. I sometimes think that the parable of the gentleman who folded up his particular talent and put it away is one that we all need to remember. On this particular day we have to consider how we can use our talents all through the year for the children who live in our communities. And I hope it will bring us to consider the value of all agencies that touch child life, and all agencies that we lack which would benefit child life in our communities.

I talked with someone from a certain community the other day about the value of nursery schools. The feeling in that community was that it was pleasant to have nursery schools if the Federal Government was able to provide them. But, if it fell upon the individuals in the community, they were not sure of their value to the children, nor whether they were willing to trouble themselves, first of all, to find out what the value was, and next, really to pay the price for a nursery school if it was found to be valuable. Now, if things are valuable we must be willing to pay the price for them. And unless we take the trouble to study every agency and know ourselves--not from hearsay, but from our own observation--whether an agency is valuable or not, we are not doing our duty.

Many of us do not know a great deal about the schools in our community, nor what program for the health of the school child is being carried on. In one small community the doctor who examined the children year after year took so little trouble, because it had become a routine thing, that every child was declared to be in perfect health. Not until one woman finally woke up to the fact that every child could not be in perfect health was a change made in the conducting of the examination. Then a great many defects, that might have been remedied before, were discovered in those children.

There are also factors that contribute indirectly to keeping children well. For instance, the recreation program has a bearing on the mental and moral health of young people. Young people cannot be strong mentally and normal in other ways, and build up good characters, if they are physically weak. Since we are interested in the fully rounded development of the child, we must see that the child is given proper physical care through the adolescent period. This can only be done if every individual carries a part of the burden, and if every individual knows the condition of his community and works every day to improve it. So, while we talk about Child Health Day, I hope that we will work in every way that we possibly can every other day in the year.

---

[1] Delivered at the Willard Hotel, Washington, D.C., May 2, 1938, at a combined national and local May Day Child Health Luncheon sponsored by the May-Day Committee of the City of Washington, representing more than 50 local organizations. The program was planned by the District of Columbia Health Department and the United States Children's Bureau, and the luncheon arrangements were handled by the League of Women Voters of the District of Columbia.

THE AMERICAN CONGRESS ON OBSTETRICS AND GYNECOLOGY

Preparations are proceeding for convening the American Congress on Obstetrics and Gynecology during the week of September 11, 1939, in Cleveland, Ohio.

The Congress has been organized to include the interests of various groups of participants, such as medical educators, physicians, nurses, public-health workers, hospital administrators, and others interested in the problems of human reproduction. The morning sessions are allotted for the presentation of scientific and technical papers in each group; in the afternoons mixed groups will participate in general discussions, and the evening sessions will be for the public, probably with broadcasts.

In addition there will be exhibits illustrating the work of various public and private agencies and of individuals engaged in scientific activities pertaining to human reproduction.

The directors of the American Committee on Maternal Welfare, Inc., constitute the governing body for the congress. The organization of the committees is not yet completed.

The officers of the congress are desirous of enlisting the cooperation of all interested groups and individuals, and are glad to receive inquiries and suggestions. Inquiries may be addressed to the executive office of the congress at the Annex of the American College of Surgeons, 650 Rush Street, Chicago. The general chairman is Dr. Fred L. Adair.

EPIDEMIC DIARRHEA OF THE NEWBORN[1]

During the past few years outbreaks of highly fatal diarrhea of unknown etiology have been occurring among the newborn infants in hospital nurseries in New York City and other cities. This disorder is a unique disease entity; the clinical picture is that of a severe intestinal intoxication. It occurs in epidemics which involve only newborn infants during the first 4 weeks of life. Bacteriologic and pathologic studies have failed to discover an etiologic agent.

As a preliminary measure in the control of the disease in New York City, the city's sanitary code was amended to include as a reportable condition all cases of diarrhea in the newborn up to 3 weeks of age occurring in a hospital giving maternity service. In addition, death certificates of all infants dying under 1 month of age are checked by the department of health. In this way epidemic are recognized at an early stage and prompt measures can be instituted for the control of outbreaks.

From July 1934 to the end of December 1937 the Bureau of Preventable Diseases of the Department of Health studied 27 outbreaks of the disorder in 19 different hospitals in the City of New York. In these outbreaks the postnatal course of 5,082 live-born infants was followed. Seven hundred and fifty (15 percent) of these infants developed the disorder. The case fatality rate was high: 48 percent of the infants who developed the disorder died.

---

[1] "Epidemic Diarrhea of the Newborn: I, Preliminary Considerations on Outbreaks of Highly Fatal Diarrhea of Undetermined Etiology Among Newborn Babies in Hospital Nurseries," by John L. Rice, M.D., W.H. Best, M.D., Samuel Frant, M.D., and Harold Abramson, M.D. *Journal of the American Medical Association*, vol. 109, no. 7, (Aug. 14. 1937), pp. 475–481. "II, Control and Prevention of Outbreaks in Hospital Nurseries," by Samuel Frant, M.D., and Harold Abramson, M.D. *Journal of Pediatrics*, vol. 11, no. 6 (December 1937), pp. 772–781. "III, Epidemiology of Outbreaks of Highly Fatal Diarrhea Among Newborn Babies in Hospital Nurseries," by Samuel Frant, M.D., and Harold Abramson, M.D. *American Journal of Public Health*, vol. 28, no. 1 (January 1938), pp. 36–43. Also, "An Outbreak of Epidemic Diarrhea in the Newborn," by Morris Greenberg, M.D., and Benno M. Wronker, M.D. *Journal of the American Medical Association*, vol. 110, no. 8 (Feb. 19, 1938), pp. 563–566; and "Epidemic Diarrhea of the Newborn," by William H. Best, M.D. *Journal of the American Medical Association*, vol. 110, no. 15 (Apr. 9, 1938), pp. 1155–1158.

The reports of the studies of these outbreaks published by members of the Department of Health of the City of New York emphasize the fact that the situation requires close scrutiny by public-health authorities and by practicing physicians of our present medical and nursing care of the newborn infant.

An article by Drs. Frant and Abramson in the *Journal of Pediatrics* for December 1937 outlines suggestions for the care of newborn infants in nurseries which, if followed, would aid not only in the prevention of diarrheal disorders, but also of other food-borne and air-borne diseases. It is recommended that two regularly constituted nurseries be maintained, one for normal newborn babies and another for prematurely born or congenitally debilitated infants. Completely separate facilities should be present for the isolation of all infected or ill infants. Individual equipment should be provided for each infant and kept at the bedside. Each nursery should have its own quota of nurses who have no duties elsewhere. It is of prime importance that a technique of aseptic nursing be formulated to include all mothers and maternity-ward personnel. Additional recommendations include other aspects of care of the newborn.

The Department of Health of the City of New York, after consultation with leading obstetricians, pediatricians, representatives of county medical societies, the New York Academy of Medicine, and various hospital medical and nursing groups, has established regulations governing lying-in institutions and nurseries for the newborn in New York. These regulations, published in full in the *Journal of the American Medical Association* for April 9, 1938 (pp. 1156-1158), are for the guidance of all personnel connected with such institutions in maintaining an aseptic technique in maternity and delivery-room units, nurseries for newborn infants, laundries, formula rooms, accessory rooms, and sanitary equipment. Aseptic techniques for nursery, maternity ward, delivery room, and feeding of infants are prescribed. Regulations are included for the examination of maternity patients, and for the restriction of visitors and visiting hours in maternity wards.

NEWS NOTES

Senator Wagner's resolution on health needs

A general study of the adequacy and cost of medical care in relation to income and ability to pay, and of ways and means to maintain the health of the people of the United States is proposed in a resolution (S. Res. 265) introduced in Congress April 11, 1938, by Senator Wagner.

The resolution provides that this study be carried out by a committee of three Senators to be appointed by the President of the Senate, and that the committee report the results of its study and recommendations for appropriate legislation to the Senate not later than February 1, 1939. On May 4 the resolution was reported without amendment by the Committee on Education and Labor, and went to the committee in charge of the contingent fund of the Senate.

New laws provide for testing the blood of pregnant women for syphilis

A New York law approved by the Governor in March 1938 provides for testing the blood of pregnant women for syphilis. Physicians attending pregnant women are required to take a blood sample at the first examination and to submit it to an approved laboratory for serological testing; other persons permitted to attend pregnant women must call on a physician for this purpose. After January 1, 1939, birth certificates and stillbirth certificates must show whether the mother was given a blood test for syphilis. If no blood test was given, the reason must be shown.

Rhode Island also enacted a law providing for testing the blood of pregnant women for syphilis. This was approved by the Governor in April. *(N.Y. Laws of 1938, ch. 133; R.I. Laws of 1938, S. 104.)*

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

PEDIATRIC DIETETICS, by N. Thomas Saxl, M.D. Lea & Febiger, Philadelphia. 1937. 565 pp. $7.

Dr. Saxl, who is associate and lecturer in diseases of children at New York Post-Graduate Medical School, Columbia University, and assistant attending physician in the babies' ward of the New York Post-Graduate Hospital, has divided his book into three parts. Part 1 deals with digestion in infancy and childhood and the classification, structure, and distribution of foods. Part 2 deals with the feeding of healthy infants and children through the tenth year. Part 3, the longest section, is given over to the dietetic management of pediatric diseases, several of which are discussed by specialists in the respective fields. The appendix includes tables on composition of both natural foods and products prepared especially for feeding of young children. There is an extensive bibliography.

Emphasis is placed throughout on the importance of adapting all general suggestions to the individual patient. Many of the sample menus seem more suitable for a young patient in the private service of a hospital than for a child in the home of parents on a moderate income.

ANTENATAL AND POSTNATAL CARE, by Francis J. Browne, M.D., D.Sc. Second edition. J. & A. Churchill, London. 1937. 588 pp. Price, 18 s.

The second edition of this standard work contains two new chapters, "Constructive, educational, and social aspects of antenatal care," by J. S. Fairbairn, and "The uses and value of radiology in obstetrics," by Dr. R.W.A. Salmond. The section on diet in pregnancy and the chapter on the toxemias of late pregnancy have been rewritten; the chapter on postnatal care has been enlarged; and the book has been revised throughout.

THE APPRAISAL OF THE NEWBORN INFANT, by Ethel C. Dunham, M.D. Children's Bureau Publication No. 242. Washington, 1938. 24 pp.

That more attention should be given to the appraisal of the newborn infant and to his care is indicated by the high mortality rate among infants in the first month of life. This bulletin is offered for the use of physicians in the examination of newborn infants and in the interpretation of the findings. It covers not only complete physical examination of the infant, but consideration of the socioeconomic background of the family; constitutional factors in the medical history of the family, especially the history of hereditary or transmissible diseases or defects; the prenatal history; and the natal and immediate postnatal history.

PROBLEM OF THE CAUSES OF STILLBIRTH, by Ethel C. Dunham, M.D., Elizabeth C. Tandy, Sc.D., Edwin F. Daily, M.D., and Clara E. Hayes, M.D. Reprinted from *American Journal of Public Health*, vol. 28, no. 4 (April 1938), pp. 491-498. Children's Bureau, Washington, 1938.

This is a second report of the study being carried on by the Children's Bureau in cooperation with the Subcommittee on Stillbirths of the American Public Health Association. It shows the findings from 6,750 stillbirth records received from 229 hospitals located in 25 States and the District of Columbia.

MOUNTAIN OBSTETRICS, by John H. Kooser, M.D. *Quarterly Bulletin of Frontier Nursing Service*, vol. 13, no. 3 (Winter 1938), pp. 7-13.

A paper given before the Eastern Division of the Kentucky State Association of Registered Nurses by the medical director of the Frontier Nursing Service is presented in condensed form. It covers prenatal care and the methods used by the Frontier Nursing Service in dealing with toxemia, hemorrhages, heart conditions, and emergencies arising in the course of deliveries in cabin homes.

FATHER'S DOING NICELY; the expectant father's handbook, by David Victor. Bobbs-Merrill Co., Indianapolis and New York. 170 pp. $1.50.

Prospective fathers need to know many things, such as how important medical care is for the mother, and how to help her choose a doctor and a hospital; what expenses are likely to be involved in having a baby, and how to budget them; what the baby will need in the way of a nursery, play space, and furniture; and how to handle the baby without awkwardness. The answers are here--and the title, the drawings by Tom Torre Bevans, the chapter heads ("Are you heir-conditioned?" "Storks have big bilis," "Paternity pains") are designed on the principle "Let them laugh while they learn."

Dr. George W. Kosmak, in his foreword to the book, states that physicians "can recommend it to a father with the assurance that it may ameliorate his burden and perhaps relieve his inferiority complex. At the same time it should also impress him with his responsibilities in a very practical fashion."

OBJECTIVE RATINGS OF THE CONSTITUTION OF THE GROWING CHILD, by T. Wingate Todd, F.R.C.S. *American Journal of Diseases of Children*, vol. 55, no. 1 (January 1938), pp. 149-159.

The early diagnosis and correction in children of handicaps not clinically recognizable by application of information derived from the systematic, longitudinal study of apparently healthy children, are discussed in this article. The author describes height and weight ratings, which have been worked out in the developmental health inquiry carried on in Cleveland for the past 10 years and which can be used as a yardstick for measuring progress in maturation.

Other suggested criteria of constitution are "scorings" on bones and mineral density. The scorings on bones referred to are thought to be the result of temporary interruption of growth, not sufficiently severe to cause scars. Disturbance of mineralization was found to be associated frequently with subclinical handicaps (such as fatigue, apprehension, and lethargy).

THE HEALTH OF THE SCHOOL CHILD; annual report of the Chief Medical Officer of the Board of Education for the year 1936. H. M. Stationery Office, London. 1937. 136 pp. Price, 2s. net.

The annual report of the Chief Medical Officer of the Board of Education for 1936 gives an account of the principal advances that have been made in Great Britain in matters concerning the health of the school child during the past year. The first two chapters are devoted to the subject of nutrition, especially to the problem of the provision of supplementary nourishment for children who show any symptoms of undernourishment, whether mental or physical, however slight. The report also deals with the provisions for the "milk-in-school scheme." The returns made by the board indicate that a careful watch is being maintained over the nutritional state of elementary school children throughout the country.

Chapter 3 of the report deals with progress in physical training with special consideration of the duties of organizers; chapter 4 gives an account of the medical inspections conducted by the School Medical Service. In chapter 5 the various forms of treatment arranged through the agencies of this service are described. Chapter 6 treats of the progress made in nursery schools and of administrative measures designed for the young child. School dental services are considered in chapter 7, and chapter 8 deals with the teaching of hygiene in schools. Chapter 9 deals with the subject of the education and training of the blind. The tenth chapter evaluates the work done by local educational authorities and voluntary agencies in providing school and holiday camps.

The School Medical Officer summarizes his report by stating that the School Medical Service is not merely concerned with routine medical inspections, but is an active and progressive organization ready to make use of every advance in medical and social knowledge that may promote the physical and mental health of the school child.

THE ASSESSMENT OF NUTRITION IN SCHOOL CHILDREN, by E.H. Wilkins, M.B., D.P.H. Reprinted from *The Medical Officer* (London), October 2, 1937. 4 pp.

The author, who is Assistant School Medical Officer, Birmingham, England, points out that when school medical officers, in the course of the few minutes' medical inspection allotted to each child, attempt to assess nutrition, the most that they can do is to assess the child's apparent physical condition. He discusses various ways in which appearance may be misleading as a guide to the adequacy of the nutritional process, and suggests that school medical officers should seek to come to some agreement on the exact items they can and should assess.

The three items to which, in the author's opinion, such assessment should be restricted are: (1) The objective physical condition of the child, including adequacy of growth, anatomical normality, and organic soundness; (2) the degree of functional well-being; and (3) the adequacy of the nutritional process as operating at the time of assessment.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

REPORT TO ADVISORY COMMITTEE ON COMMUNITY CHILD-WELFARE SERVICES

April 5, 1938

BY MARY IRENE ATKINSON,
DIRECTOR, CHILD-WELFARE DIVISION

On April 1 plans for child-welfare services had been developed jointly by the United States Children's Bureau and 46 States, the District of Columbia, Alaska, and Hawaii. Wyoming thus far has not availed itself of the provisions of title V, part 3 of the Social Security Act. Arizona temporarily discontinued its plan as of August 15, 1937.

As of January 3, 1938, Federal funds for child-welfare services provided all or part of the salaries of 693 workers on State or local staffs, as follows:

	Number of workers	
	Time devoted to child-welfare services	
	Entire time	*Part time*
Total.	542	151
State staff:		
Professional	136	48
Clerical.	62	19
Local workers:		
Social workers.	306	63
Clerical.	38	21

The following statement shows the Federal funds available to the States for child-welfare services for the fiscal year 1937-38, estimated expenditures for the year, and an estimate of the balance that will be available for inclusion in 1938-39 budgets:

Federal funds available (fiscal year 1937-38)	
Balance of 1936 and 1937 allotments.	$848,453.69
Allotments for fiscal year 1937-38.	1,471,917.90
Total available (fiscal year 1937-38)	2,320,371.59
Estimated expenditure, 1937-38. .	$1,637,000.00
Estimated balance of 1937 and 1938 allotments available for inclusion in budgets for fiscal year 1938-39	$683,000.00

The excerpts from State progress reports for the 6 months' period ended December 31, 1937, which have been compiled in condensed form for distribution to State welfare agencies, give a bird's-eye view of the variety of child welfare service activities which have been undertaken in the various States.

The special consultant on Negro child-welfare problems has just terminated an 11 months' assignment to the Virginia Children's Bureau, where she assisted in the development of a county-wide service for Negro children in a rural area and in the strengthening of State services for placement of Negro children committed to the State as delinquents.

A committee consisting of representatives of the Association of Schools of Social Work, the American Public Welfare Association, and the American Association of Social Workers serves both the Social Security Board and the Child-Welfare Division of the Children's Bureau in an advisory capacity on matters relating to staff training. A meeting of this committee was held in New Orleans on January 27, 1938, preliminary to the annual meeting of the Association of Schools of Social Work. At that time the Child-Welfare Division reported on training programs undertaken in the various States as part of plans for child-welfare services. The report shows that the number of workers granted educational leave for professional education by the States has steadily increased. The quality of child-welfare services has been strengthened also by improving the competency of workers on the job through intensive case supervision.

During the past year the Assistant Director of the Child-Welfare Division has cooperated with State welfare departments in developing plans for local reporting on child-welfare services. Study of the existing systems of State-wide reporting on children under care away from their own homes, which will give the Division of Statistical Research of the Children's Bureau material upon which to base a State reporting plan, has also been undertaken.

In the December 17, 1935, report of the Advisory Committee on Community Child-Welfare Services, this statement was made: "In considering types of service which should be developed, the committee placed particular emphasis on the importance of a basic general public-welfare program, in which the child-welfare program should have its proper place and receive due emphasis." In the States which had not had State child-welfare activities previously there is the problem of stimulating a greater assumption of State financial responsibility, as it does not appear to be consistent with the content of title V, part 3 that Federal funds shall be used indefinitely to finance the entire child-welfare program.

There is still in a number of States a very narrow concept of what constitutes public welfare. One reason for this, of course, is the logical outgrowth of the attention which has been focused on the development of the public-assistance program. So much money is involved and so many persons are affected that it is only natural for this phase of public welfare to be almost continuously in the spotlight. In some States the premise that a public-welfare program must include certain basic services for the protection and care of children has not been completely accepted. There is need for further interpretation of the service aspects of a local public-welfare program and for stressing the possibilities of preventing dependency, neglect, and delinquency through such services.

In spite of the efforts of the Child-Welfare Division to interpret content of child welfare on a broad base, it is still running into situations where child welfare appears to be interpreted largely in terms of foster care. There is still need, apparently, even after 2 years of operation, to continue to stress the broader objectives of prevention upon which title V, part 3 of the Social Security Act is based. Case stories obtained in connection with progress reports give an idea as to the range of services which are being provided in local areas. While foster care, naturally, is included in the types of services given, the cases show great variety. Furthermore, the States have been urged to avoid undertaking a large expansion in foster-care activities in the local communities until such time as properly qualified staffs are available. The Children's Bureau believes that its original position in this matter was sound; namely, that there are many phases of services to children and their families which quite properly precede the development of foster care if the preventive aspects of a program are to be emphasized; and, secondly, that it is unwise to undertake foster-care services before a qualified staff is secured.

As they approach the end of the third fiscal year in which the social-security program has been in operation, the States are in a much better position to point to what has been done in definite terms. This has tended to allay some of the questions and fears as to the ultimate objectives and results of this program which were in the air as it was initiated. For example, in the administration of child-welfare services the States have clearly demonstrated that they regard private resources as one of the tools to be used in a children's program. The fear that the objective of the Federal Government was to set up a cooperative service with the States which would eliminate interest in and use of private agencies has, for the most part, disappeared.

In many instances children's workers who went into rural areas were immediately confronted with cases for the treatment of which no public facilities were available or for which the public services that could be utilized were not adequate. The progress reports received, the cross sections of intake obtained for the month of January 1937, and the case material which has come in as part of the latest progress reports, give information which is believed to demonstrate the principle that an expanded development of public service increases, rather than decreases, demands for private services of high standard for various types of care and treatment.

Since the first White House Conference in 1909 there has been acceptance of the principle that the best child-welfare service which can be rendered is that which strengthens family life and preserves for a child those things which are his by the right of inheritance and for which there is no substitute. The inclusion of aid-to-dependent children in the Federal Social Security Act was hailed as a significant forward step in the field of child welfare. For the first time the Federal Government undertook to participate with the States in a program designed to reduce child dependency by more adequate provision for care of children in their own homes. The Social Security Board has endeavored to administer aid-to-dependent children in such a way that the constructive aspects of former mothers' aid programs may be conserved, even though the program has been broadened to include many more children than were eligible for aid under the earlier programs. A close working relationship between aid-to-dependent children and child-welfare services has been expressed administratively by two methods: First, by combining administration of local child-welfare services .and aid-to-dependent children; second, by referring cases in the category "aid-to-dependent children" to child welfare service workers when intensive services are needed for children in these families.

In the development of public-welfare services it is beginning to be accepted that no community stands alone, regardless of how much it appears to treasure its social and economic isolation. Local social programs must be dovetailed into State programs and State programs into national programs. Time and space have been so telescoped that in the approach to broad problems of human welfare neither citizens nor communities can longer stand alone in the effort to find a solution. The following excerpt from a recent editorial in the Birmingham *Age-Herald* strikes the right note upon which to end this report:

> The whole truth is simple and plain, it seems to us. It is that we all--all the children of the earth--are lost together--lost unquestionably, for the time being, but still searching; and that if we find a good and secure way of life, we will find it together.

* * * * *

The following resolutions were adopted by the Advisory Committee on Community Child-Welfare Services of the Children's Bureau, at a meeting held April 5, 1938, and were presented to the Children's Bureau Conference on State Child-Welfare Services, April 6, 1938:

WHEREAS, a State or local public-welfare program is complete only as it makes provision for a broad program of services to children; and

WHEREAS, the acceptance of this principle by the various States and by local units is necessary to the full development of such child-welfare services; and

WHEREAS, title V, part 3 of the Social Security Act referring to child-welfare services implies a continuous development of the whole child-welfare program;

Therefore, BE IT RESOLVED, That the Children's Bureau in cooperating "with State public-welfare agencies in establishing, extending, and strengthening, especially in predominantly rural areas, public-welfare services . . . for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent," bring to the attention of the various States the necessity of making legal and financial provision for the whole program of child care and protection so that its benefits may reach all rural and all urban areas.

* * * * *

WHEREAS, a complete program of child welfare has for its most important principle the maintenance of the child's own home whenever possible; and

WHEREAS, the limitations incorporated in title IV of the Social Security Act with reference to the amount of the Federal contribution and the amount of aid authorized for each child have resulted in a less rapid extension of aid-to-dependent children than has characterized the program of assistance to the aged, and have further resulted in many children in receipt of aid having assistance so inadequate in amount as to fail to provide the minimum essentials of life;

BE IT RESOLVED, That the Advisory Committee on Community Child-Welfare Services requests the Children's Bureau to express to the Social Security Board the committee's deep interest in the extension of the program of aid-to-dependent children, and its opinion that the objectives of the program cannot be fully attained until the Federal Government contributes on as generous a basis as in the case of old-age assistance and assistance to the blind; namely, at least 50 percent of the total costs.

The committee believes further that an increase in the Federal Government's share in the program should be accompanied by requirements which would tend to assure the granting of aid in each case sufficient to maintain home life for children in accordance with minimum standards of health and well-being.

EXTENDING SERVICES TO CRIPPLED CHILDREN

From many States in different sections of the country the Children's Bureau receives interesting stories of individual children who have been benefited by provisions of the Social Security Act to "extend and improve" services for crippled children. The four stories repeated here were selected to illustrate a few specific ways in which children have been helped through the greater opportunities for care afforded by new or expanded Federal-State programs.

A dramatic story comes from Mississippi of a little 5-year-old boy who, in the fall of 1937, was brought to a clinic made possible through State and Federal funds as an emergency case of poliomyelitis. The orthopedic surgeons found that the child's breathing was seriously disturbed and believed that the only chance of saving the child's life was to rush him to a hospital where he could be placed in an "iron lung." As none was available in Mississippi possibilities were considered in three adjacent States. In the first State the city from which help was sought did not have the equipment; in the second State permission could not be obtained to bring the child into the State for use of the "iron lung." Finally permission was secured for the little boy to be admitted to a hospital in Beaumont, Tex., and he was taken there by airplane, accompanied by a doctor connected with the clinic. The child responded well to the treatment and later was placed in a cast and returned to Mississippi. He is being visited at regular intervals by an orthopedic nurse from the Crippled Children's Service and is making steady improvement.

From Mississippi also comes a story that shows the eagerness with which many worried and distressed parents welcome the medical care which they had not previously been able to obtain.

A Negro mother had arranged with someone who had a car to bring her child to the clinic, but part way there the car broke down. As they were about 3 miles from a town, her companions tried to persuade her to return home and not try to get to Jackson. Her answer to their advice was, "No, sir! They's curin' my child, and I'm goin' to take him there." She walked the 3 miles to town and there made such a pitiful plea for help that she got someone to go and repair the car so that she could take her child to the clinic.

As part of the program to extend services in Illinois, a concentrated effort has been made to find all the crippled children in need of care in the State. In the fall of 1937 there came to one of the clinics a 12-year-old boy who was crippled as a result of infantile paralysis when he was 3 years of age. His father, in a letter, described his condition in the following terms:

> His feet were drawn out of shape, ankles enlarged, especially the left foot; the child would tire easily, and get his feet tangled; his ankles were very easily turned, resulting many times in severe sprains and hard, dangerous falls. This drawn condition of the foot steadily became worse as the boy grew older, and became more of a handicap to him all the time, and I believe in time his toes and heel would have been drawn together; his left foot had a large bump in the instep and was fully 2 inches shorter than the right foot.

After 9 years of a steadily increasing deformity, there came the opportunity through the program for crippled children to obtain surgical and medical care. A new vista of life and happiness opened before the boy and his distressed father. Some 6 months later, shortly after Jimmie had returned from the hospital following the first stage of his operation, his father wrote to the State director of the Crippled Children's Services to express his own gratitude and to tell what the service already had meant to his son:

> He is able to walk with crutches, and I must say really uses them well. He goes to school every day and climbs up and down a flight of stairs three or four times each day. He is still wearing a cast which entirely covers his foot and leg from his toes to his knee, so of course I have not seen the foot, but the boy says his left foot is perfectly straight now and is as long as the right one--he wonders where the bump went to or what became of it. The boy is getting along fine--my vocabulary is too limited for me to find words adequately and sufficiently to express my thanks to you and to every one concerned for the operation performed on my boy and the wonderful work you are doing. I want you to know that I am very grateful to you and every one concerned in this matter. I certainly appreciate it more than I can possibly express, and from a pecuniary standpoint I think it would be absolutely impossible to estimate its worth either to me or to the boy.

There is presented here, also from Illinois, a story of arrangements successfully worked out with an adjacent State to insure continuity of medical care for a youth suddenly stricken with poliomyelitis. The boy, 18 years of age, was taken sick 3 days after he had accepted a position for the summer in Michigan, where he hoped to earn money to go to college in the fall. He was sent to the county hospital for contagious cases in the Michigan town. At the end of 2 weeks, as the doctors thought he should not be moved, his mother went to Michigan so that she could be near him. At the end of the contagious period, he was moved to a general hospital to wait until plans could be made in Chicago for transportation and hospital care. The community nurse and health officer of the boy's home town wrote to the director of the State agency in Illinois to ask for help in getting proper care for the boy. The State agency in turn worked out plans with a Chicago hospital and within a short time arrangements were completed for the boy's transfer to the Chicago hospital without any interruption of treatment which might jeopardize the improvement previously obtained.

Various types of crippling conditions--congenital deformities, tuberculous bone conditions, handicaps due to burns, or falls, or other accidents--are described in letters coming to the Crippled Children's Division of the Children's Bureau; taken together they present a cross section of the many children in need of treatment for crippling conditions.

NEWS NOTES

Needs of the crippled child considered

A group of articles dealing with crippled children appears in the *American Journal of Public Health* for April 1938 (vol. 28, no. 4). In "Preventive Aspects of Crippling Diseases," H.E. Hilleboe, M.D., Director of the Division of Tuberculosis and Services for Crippled Children, Minnesota State Board of Control, describes the preventive program undertaken in Minnesota and stresses the need for concentration of efforts on young children.

"The Public-Health Nurse and Orthopedic Nursing Care," by Dorothy J. Carter, General Director, Community Health Association, Boston, Mass., shows how the public-health nurse with special preparation in physical therapy can assist in the care of poliomyelitis cases and what public-health nurses without training in physical therapy can do in connection with care of general orthopedic conditions.

"Social Work and the Physically Handicapped Child in the Development of a New State Program," by Dorothy Buckner, Medical Social Work Consultant, Bureau of Health, Augusta, Me., describes the development of medical social work in a State program for crippled children and its relationships to other aspects of the program.

North Dakota preschool children examined

A special bulletin was issued by the Division of Child Hygiene of the North Dakota State Department of Health in connection with Child Health Day 1938 (Bismarck, 1938, 25 pp. Mimeographed).

This bulletin includes (page 9) an account of the results of preschool conferences in 1937, at which 5,227 children of all economic groups were examined. It was found that in 1 case of every 8, the child's mother had been attended at confinement only by a neighbor woman or by a member of the family, and that in 6 cases of every 10, the mother had been delivered at home or in a "maternity home"--not in a hospital. Sixty-three percent of the mothers had received no prenatal care, at least until late in pregnancy.

Of the children examined, one in five had moderate to marked nutritional defects, one in four had moderate to marked defects of the teeth, and one in seven had an abnormal throat condition.

Only 27 percent of the children examined had been immunized against smallpox, and only 23 percent had been immunized against diphtheria.

Bill introduced to amend Social Security Act

A bill to amend the Social Security Act (approved August 14, 1935) to authorize additional appropriations for extending and improving maternity care and the care of infants, under part 1 of title V, was introduced in the House of Representatives on April 12, 1938, by Mr. Doughton. The bill, H.R. 10241, was referred to the Committee on Ways and Means.

A bill, S.3914, identical with H.R.10241, was introduced in the Senate on April 26 by Senator Barkley.

BOOK AND PERIODICAL NOTES
(Social-Security Program for Children)

Social Security Board publishes new monthly bulletin

Social Security Bulletin, a new monthly publication of the Social Security Board, reports current data on operations of the board and the results of research and analysis pertinent to the social-security program. The first number, dated March 1938 (vol. 1, nos. 1-3, Washington, 1938, 94 pp.) contains special articles on social security and the social services, economic status of the aged, industrial classification in relation to unemployment compensation, and unemployment-compensation statistics.

This bulletin is prepared in the Division of Research and Statistics, of which Ewan Clague is director, and is under editorial supervision of Mary Ross. The bulletin is for sale by the Superintendent of Documents, Government Printing Office, Washington, D.C., at $2 a year; single copies, 20 cents.

FEDERAL AND STATE COOPERATION IN MATERNAL AND CHILD-WELFARE SERVICES UNDER THE SOCIAL SECURITY ACT, Title V, Parts 1, 2, and 3. Maternal and Child-Welfare Bulletin No. 2. Children's Bureau, Washington, 1938. 111 pp.

This bulletin covers the first 17 months that the Social Security Act was in operation (February 1, 1936, to June 30, 1937) and includes an account of the administration of the parts of the act providing for grants to the States for maternal and child-health services, services for crippled children, and child-welfare services.

It describes the organization of the three divisions of the Children's Bureau administering these grants; the cooperation of the Bureau with other Federal agencies; the advisory committees on policies and procedure; and the procedure by which State plans are submitted and approved.

Under maternal and child-health services the following types of State and local service provided for under different State plans are outlined: Educational programs; demonstration services (with illustrative examples); medical participation; local public health nursing assistance; dental-hygiene service; and nutrition programs.

The services for crippled children described include the following procedures: Locating crippled children; diagnostic service; acceptance for care; surgical care and hospitalization; convalescent care; aftercare service; medical service; nursing service; physical therapy; social service; and vocational rehabilitation.

Under child-welfare services, a general description is given of the nature of State plans and their emphasis on rural areas. Excerpts from State progress reports are given to illustrate the mode of procedure and the type of advances made under the program.

Three appendixes include the text of pertinent sections of the Social Security Act; a list of State agencies administering the three services; and a list of members of the advisory committees appointed to advise with the Children's Bureau concerning the development of general policies.

CHILD LABOR

CURRENT STUDIES BY THE INDUSTRIAL DIVISION OF THE UNITED STATES CHILDREN'S BUREAU

BY BEATRICE MCCONNELL, DIRECTOR

The Industrial Division of the Children's Bureau is concerned with the investigation and reporting of conditions relating to the employment of children and young persons and with protective legislation and administrative procedure in the fields of child labor, compulsory school attendance, and vocational guidance.

Studies now being carried on include the following:

Junior Placement. The importance of specialized guidance and placement services for young persons has long been recognized. In view of the growing need for these services during the past few years and of the interest of the National Youth Administration and the United States Employment Service in the development of such services, the Industrial Division of the Children's Bureau, at the request of the United States Employment Service and of the President's Advisory Committee on Education, undertook in 1937 a Nation-wide survey of junior-placement services organized under public-employment offices and under public-school systems. Questionnaires were sent to all State employment services and National Reemployment Services, and to the public-school systems in all cities of 10,000 or more population. In addition to the information obtained from these questionnaires, the organization and the procedures used in counseling and placing young persons are being studied in greater detail through visits to a selected number of junior-placement offices.

The specialized placement services for juniors in the various cities studied vary from a fully organized unit in a public-employment office or school system to a less formal type of service offered in some schools where teachers, principals, and other members of the school staff give part of their time to this work. The 20 school offices operated on a full-time basis are found chiefly in the larger cities, three-fourths of them in cities of 100,000 or more population, whereas almost half of the 50 or more specialized junior-placement services set up by the public-employment offices are in cities of smaller size.

The school offices in general are placing chiefly the group of juniors who have had recent school contacts--that is, the younger and more inexperienced boys and girls whose abilities and interests are known in most cases to the placement workers or are matters of record to which they have access. The public-employment offices, on the other hand, are serving the older group of juniors who have been out of school for a longer period and who may or may not have had any work experience.

It is generally recognized that an employment service dealing with junior applicants should not only place them in jobs but also advise them about various fields of work and follow up placements to check their effectiveness. Practically all the services both in the schools and in public-employment offices give at least some occupational information and attempt to some extent to follow up placements.

A preliminary report based on the findings of the questionnaires was furnished to the President's Advisory Committee on Education. The final report, which will include the data obtained through questionnaires and through the field study of organization and placement procedures, is in preparation.

Children in Street Trades. A study of children engaged in street trades in Detroit is now being carried on at the request of the Detroit Street-Trades Committee, an organization composed of representatives of various Detroit agencies concerned with this problem. The results are to be used primarily as a basis for the development of better legal standards and administrative methods in dealing with street work in Detroit.

A study of present-day conditions is the more essential because of the increasing tendency during recent years to engage boys as newspaper distributors under contracts so worded that they can be regarded as "little merchants" working independently and not as employees. Under this system the child is often at a serious disadvantage, working for long hours, often at night, bearing the burden of soliciting subscriptions and making collections and the losses occasioned by bad debts, and being denied the protection of workmen's compensation laws in case of accident.

The field work for this study is now nearing completion, and it is hoped that the results will be of value not only in dealing with the Detroit situation but also in formulating general standards for this type of child labor.

* * * * *

Recent studies by the Division include:

(1) A study of the occupations and conditions of employment of young workers in six States in 1936. Preliminary findings, which have been made available (see *The Child*, June 1937) show long hours and low earnings. Field work has been completed and the final report is in preparation.

(2) A study of the welfare of the families of sugar-beet laborers, including the use of child labor in the production of sugar beets. A field survey was made in 1936 to study the effect of the production-adjustment contracts under the Agricultural Adjustment Act, which limited the payment of crop benefits to growers adhering to certain labor standards. The final report of the survey will soon be available. See *The Child*, January 1938, and *Monthly Labor Review*, February 1938.

(3) A study of industrial home work and its regulation in four States, New Jersey, New York, Pennsylvania, and Rhode Island, made in cooperation with the Women's Bureau of the Department of Labor. This report, which is now ready for publication, deals with the elimination of the home-work system by certain industries under the provisions of the National Recovery Administration codes.

(4) A survey of the social and industrial conditions of migratory family workers, made in collaboration with the Bureau of Labor Statistics in response to Senate Resolution No. 298, and submitted to the Senate in July 1937. See *Monthly Labor Review*, July 1937, and *The Child*, August 1937.

(5) A report prepared for the International Labor Organization, showing developments in measures for youth in the United States. A summary of this report will appear in *The Child*.

NEW YORK PROHIBITS HOME WORK IN ARTIFICIAL FLOWER AND FEATHER INDUSTRY

Industrial home work in the artificial-flower and feather industry is prohibited in New York State for 1 year beginning May 2, 1938, under an order issued by the Industrial Commissioner. All outstanding permits to employers and certificates to home workers are made null and void by this order.

In the artificial-flower industry only, and under stated conditions of employment, special permits may be obtained by employers to give out work on the basis of 1 home worker to 10 factory workers; and special permits may be issued to former home workers in the industry who are unable to adjust to factory work because of age or mental or physical disability, or who must remain at home to care for an invalid. Such workers must be covered by workmen's compensation insurance. *(State of New York Department of Labor, Order No. 3 Prohibiting Industrial Homework in the Artificial Flower and Feather Industry.)*

MINIMUM-WAGE RATES FOR SUGAR-BEET WORKERS

After a series of public hearings in beet-growing areas, minimum-wage rates for workers employed in the production of the 1938 crop of sugar beets have been determined by the Secretary of Agriculture, as provided for in the Sugar Act of 1937.[1] The Secretary's wage determination divides the beet-growing areas of the United States into seven geographical districts, for which different rates are specified.

The payment of field laborers at not less than the prescribed rates is one of the conditions which growers must meet for eligibility to benefit payments under the act. Among other such conditions is the observance of certain child-labor standards, including a 14-year minimum age (see *The Child*, September 1937, p. 63).

A Children's Bureau survey of conditions among families of sugar-beet laborers in six States showed that the median annual earnings of the families from beet work was $340 in 1935.[2] The minimum-wage rates set by the Secretary of Agriculture for the 1938 season are somewhat higher than the wage rates prevailing in 1935 in all except one of the areas visited by the Children's Bureau; for instance, the increase on a normal yield for northern Colorado and for western Nebraska amounts to 17 percent, for northern Wyoming and for Montana to 13 percent, and for central Michigan to about 25 percent.

---

[1] *Federal Register*, vol. 3, no. 67 (April 6, 1938), pp. 831-832.

[2] See *The Child*, January 1938, pp. 157-159.

BOOK AND PERIODICAL NOTES
(Child Labor)

"Labor Standards" to appear monthly

The Division of Labor Standards, United States Department of Labor, has begun the publication of a monthly bulletin, entitled *Labor Standards*, which replaces its mimeographed bulletin. The first issue of *Labor Standards*, April 1938 (vol. 1, no. 1, Washington, 16 pp.) includes information on promoting labor standards, safety and health, and State labor-law administration.

Labor Standards is for sale by the Superintendent of Documents, Government Printing Office, Washington, D.C., at 75 cents a year; 10 cents a copy.

Vocational Service for Juniors issues directory

An eighth edition of the Directory of Opportunities for Vocational Training in New York City, compiled by the Vocational Service for Juniors (122 East Twenty-fifth St., New York, 1938, 98 pp.) has appeared under date of February 1938, replacing the edition of 1935. The main body of the text is arranged under an alphabetical listing of subjects, and an index of schools furnishes a cross-reference to the subjects taught in these schools.

National Research Project publishes findings

A Summary of Findings to Date has been published as of March 1938 by the National Research Project on Reemployment Opportunities and Recent Changes in Industrial Techniques (Works Progress Administration, Philadelphia, 1938, 156 pp.). Recent changes in productivity, production, and employment are summarized for manufacturing industries (especially for the beet-sugar, lumber, brick and tile, wheat-flour milling, leather, and textile industries) the mineral industries, agriculture, electric light and power, telephone industry, and railroad transportation.

In a concluding chapter, Reemployment Problems of Displaced Workers, sex, age, skill, experience, technological change, and volume of unemployment are considered as selective factors. In connection with the effect of the age of the worker, it is stated that although the level of unemployment declined from 46 percent of the total gainful workers in 1933 to 25 percent in 1937, 37 percent of inexperienced young workers under 25 years of age were unemployed.

COMMUNITY PLANNING FOR YOUTH, by Theodore Lee Reller. Public Education and Child Labor Association of Pennsylvania, 1505 Race St., Philadelphia. 1938. 109 pp.

The point of view expressed in this book is that guidance should be offered continuously until the individual is successfully adjusted in his occupational life. A beginning should be made by the schools through planning for children, while in school, for their out-of-school life. The responsibility of planning for out-of-school youth is now divided among many public and private agencies. The author suggests the community council as an instrument for coordination. The occupational survey, the survey of further educational opportunities, and the recreational survey are presented as useful tools for the community council to adopt in planning a unified program of services for youth.

WHAT WE HAVE LEARNED ABOUT JUNIOR PLACEMENT, by Roswell Ward. *Employment Service News*, vol. 5, no. 3 (March 1938), pp. 3-6.

This article, by a member of the staff of the National Youth Administration, emphasizes the importance of specialized placement services for young persons and describes briefly the participation of the National Youth Administration in this field. It outlines the organization of a junior division in the employment service and describes the interviewing of younger applicants; their reception; the development of a special form for junior registration; multiple classification of junior applicants on the basis of experience, training, and interests; employers' contacts; and job investigation and follow-ups.

PUTTING NATIONAL PLUMBING APPRENTICESHIP STANDARDS TO WORK. Bulletin No. 16, Federal Committee on Apprentice Training, U.S. Department of Labor, Washington, 1938. 13 pp.

This manual, prepared by the Federal Committee on Apprentice Training, has the approval of the National Association of Master Plumbers and the United Association of Journeymen Plumbers and Steam Fitters. It embodies the experience gained by setting up actual demonstration apprenticeship standards in several different cities. A typical example of local apprenticeship standards is included, with agreement forms and application blank.

PLAY

Play is the child's way
Of learning,
Of trying himself out--
Of finding out about everything
In the world around him.

A child needs to walk
And to run, to climb,
To swing, to ride, to pull,
To push, to dig, and to throw.

A little child also needs
Other children
To play with.

SOCIALLY HANDICAPPED CHILDREN

MEDICAL SOCIAL WORK WITH THE UNMARRIED MOTHER

PREPARED BY THE FUNCTIONS COMMITTEE, HARRIET M. BARTLETT, CHAIRMAN,
AMERICAN ASSOCIATION OF MEDICAL SOCIAL WORKERS

In considering the service that the hospital may render to the unmarried mother and her child, we need to evaluate the place of the hospital in the community as a whole.

Since the primary purpose of a hospital is to serve the needs of human beings and of the community, it should not stop with the giving of medical care alone but should be prepared to help its patients meet the social needs related to illness. In fact, it is being perceived increasingly by physicians that the treatment of social problems that are immediately disturbing to the patient must be a part of the medical care itself. It is also being perceived by hospital administrators with vision that the responsibility of the hospital to the community includes putting patients in touch with community resources that can be of assistance in meeting social needs extending beyond medical care.

Medical social work is concerned with social problems related to sickness and disability. In this special form of social case work, which is correlated with medical diagnosis and treatment, the social worker is associated continuously with physicians. Because of the complexity of problems related to illness and to the organization of medical practice, two services are particularly called for: First, to interpret medical social problems to patients, physicians, social workers, and others; and, second, to coordinate medical service with resources available in the home and in the community. This interpretation and coordination are never done in a routine fashion but are always related to the individual patient's need.

The need of the unmarried mother and her child is both a medical and a social need, and the hospital should be ready to meet both. For the mother this means medical and social care during her pregnancy and confinement, a temporary but crucial period, and assistance in first steps toward a plan for meeting the inevitable problems of her later return to normal life--a longer period, in which the primary problems are not medical but social. For the child it means the best possible plan for placement, whether with his mother or with others. Since placement or adoption will affect his whole future life, no such plan should be made hastily. Careful study and evaluation of the whole situation are necessary.

The hospital which gives confinement care cannot avoid the responsibility for giving social assistance to the unmarried mother and her child; to meet this complex social need fully requires a carefully individualized service and special type of skill, which doctor, administrator, and nurse do not receive in their training but which is a part of training for social case work. If the unmarried mother and her child are to receive at their time of greatest need the quality of care that the best community standards now demand, experience shows that the hospital must offer social as well as medical service.

Medical social work in its relation to maternity outside of marriage meets the medical problem of pregnancy and a twofold social problem--that of a maladjusted woman and of a handicapped child. The approach is based on the following psychosociological concepts:

1. Pregnancy may involve serious medical problems; every mother has a right to adequate protection and care during this period, and every child has a right to protection from unnecessary hazards in birth.

2. The institution of the family, sanctioned by law and religion, provides the desirable environment for the nurture of children.

3. The problem of maternity outside of marriage grows out of society's effort to effect rational control of sex and parental instincts and is conditioned by the immediate cultural pattern.

The medical social worker applies to the care of the unmarried mother those same skills which she brings to all her case work. Maternity outside of marriage presents no unique or peculiar problems. The sense of guilt usually present may be found also in the syphilitic or the alcoholic; the social stigma attached to the child of illegitimate birth may be attached also to the child of the insane or epileptic mother. To define too sharply the problem of the unmarried mother would be to defeat the purpose of case-work treatment which is the individualization of each case. The acceptance of the need for adequate medical care--prenatal, lying-in, postnatal--and infant hygiene, in common with all mothers and infants, is a good foundation for a constructive relationship.

An interview by the medical social worker with each new maternity patient is the most effective way of discovering the unmarried mother; and since the application for care is likely to be delayed as long as possible, it insures the service of the medical social worker at the earliest possible time. If this cannot be done, the doctor should refer all such patients to the social worker as soon as he discovers the situation. Such a procedure is inadequate, however, as there may be some of whom he will not be aware.

The unmarried mother usually presents an emergency situation. Her attitude toward her own problem is likely to have been denial of its reality. When this is no longer possible because of the approaching physical need, she turns to the hospital. By the very nature of her condition her need increases up to the lying-in period when it reaches a maximum. The attitude of the medical social worker during the early contacts is extremely important. While it is imperative that she give sympathetic understanding, it is also important that she present to the mother the cultural reality to which the patient and her child must adjust. To waver in this would be to lose the opportunity to establish a relationship of value, since the patient's fundamental need is to find a way to work out her personal conflicts in a socially acceptable manner. This does not imply a judgmental attitude on the part of the worker; nor does it imply any evaluation of the patient's behavior on the basis of ethical standards. The desirable approach is on the basis of actual need, the medical social worker, meeting each phase of the situation with the patient as she develops confidence in the worker and hospital and increasing ability to accept reality.

Among the immediate problems is likely to be that of interpreting and reinforcing the doctor's plan for medical care. It is usually her extreme need for help that brings an unmarried mother to the hospital, and resentment toward her situation not infrequently impels her to punish her child by refusing to follow medical advice. For many of these mothers there is an advantage in going to a general hospital where there are also married mothers, since the lack of separation and discrimination, rather than calling attention to the irregularity of her experience, emphasizes the universality of the experience of motherhood. If the patient has severed connection with her family, loneliness is another immediate problem. This the worker meets by offering her own understanding and help. Owing to her physical condition the patient is likely to have ceased work, and need for food and shelter may be pressing. If it is not possible to turn to the patient's family or friends for help, the worker will probably find it necessary to rely on a suitable community agency.

Concurrent with the meeting of immediate needs the medical social worker undertakes social study in order to understand the deeper problems. This will be based largely on a series of interviews with the patient. Study and treatment are carried on simultaneously. As the patient reveals her attitude, the worker is able to formulate the plan of treatment. These interviews should lead to discovery of the meaning to the patient of her sex and maternal experience, and a knowledge of her character and environmental background. During the study the worker must decide whether or not the service of a psychiatrist is needed, whether the patient has capacity for development, and whether she is able to use a relationship with the worker in a constructive way. The worker must also judge the patient's ability to care for her child, and the effect of the maternal experience on her social adjustment. The worker should keep in mind that it is desirable for the patient to make her own decisions, except when the child would suffer neglect as a result, in which case society assumes the right to interfere.

The role of the medical social worker is not necessarily a passive one. To be a good listener is important; but her service lies chiefly in helping the patient to gain insight into her conflicts and problems. To gain insight, however, is merely the first step in the right direction. The real task comes in building upon this greater self-understanding a better adjustment to life. To become a mature, socially adjusted individual an unmarried mother who has been dominated largely by her egoistic tendencies must find self-expression in socially desirable outlets. The challenge to the medical social worker is to discover how this can be accomplished.

It is highly desirable that the patient accept, as far as she can, responsibility for future care of her child. Practical steps toward this end are: (1) Emphasis on the universality of the experience of motherhood and acceptance by the patient of this role; (2) encouragement to provide for the child's immediate needs; (3) encouragement of physical contact of mother and child to develop the mother's affection and the infant's well-being.

The essential element of a family is cooperation of the parents in the care of a child. The absence of the protection of a father for the child of the unmarried mother and the absence of the permanent, intimate association of a marital partner for the mother constitute the basic social problems resulting from maternity outside of marriage. If the child's father acknowledges paternity, he becomes an integral part of the situation and as such should be included in planning for the future care of the child. Though he is not considered a legal guardian, he may, in many States, be held responsible for support, and his financial help during pregnancy and in care of the child is important.

When the father does not appear or denies paternity, it is again the patient who should decide whether she wishes to approach him or to apply to the court for judgment against him. Fear of publicity, repugnance, lack of accurate knowledge of his identity, or knowledge of his inability to help financially may deter the patient in taking action. It may be desirable to have paternity determined so that the child may have accurate knowledge of his forbears. "Sensitiveness to the whole human situation of the father, the mother, and the child in relation to their social and physical environment,"[1] will keep the program flexible.

Another important part of the problem is the patient's relationship with her own family. Assumption of an alias and refusal to admit that she has living relatives and that they are within reach are common ways in which the unmarried mother attempts to deny and conceal her difficulties.

---

[1] Dependent and Neglected Children, p. 15. White House Conference on Child Health and Protection, IV-C-1. Appleton-Century Co., New York. 1933.

Because she is facing alone an experience that normally she would be sharing with a marital partner in a stable family relationship, it is highly desirable that if possible she have the best substitute--the security of her own family. The racial, national, and cultural background of the family will condition this phase of the situation.

In our semi-paternalistic family pattern childbearing is still something of a family function. A woman who bears a child provides her parents with a grandchild and her siblings with a niece or nephew and, in the child, family traditions and characteristics may be continued. For the mother to live in her own family group with the acceptance on the part of the family of her experience would insure continuance of such security and interplay of personalities as the family can provide for an adult and would go far in providing an adequate environment for the child. Her previous place in her own home and her age are factors which affect her readjustment in the family group. The quality of family life and the ability of the members of the family to accept the patient on a constructive basis must be given careful consideration. The decision regarding relationship with the family should, like other decisions, be made by the patient unless she is extremely young or is mentally incapacitated.

From the medical point of view the critical time in the care of the unmarried mother is usually at delivery. From then on the medical problem grows less acute. A few weeks later the patient receives her postnatal examination and, unless there are complications, she is discharged. The infant, if normal and healthy, needs only periodic supervision of hygiene and development. But, from the social viewpoint, the crisis is reached when the patient is discharged from the protective environment of the hospital ward. From then on, except in the rare case where there is some reason for separating the child from his mother while in the hospital, she has her child to plan for. In common with all mothers she needs guidance in caring for the new infant but, in addition, she needs understanding and encouragement in her efforts at social readjustment.

It is highly important for the worker to stand by during this time so that the patient will not feel that she is facing this difficult period alone. The patient should be protected from too great physical exertion and from too severe emotional strain. Convalescent care in a hospital or special nursing home with the baby is sometimes advisable and may be a very helpful period to the patient as it offers a sheltered environment and gives her time to adjust herself to her new responsibility. In the hospital she had no personal care of her child; during the convalescent-home period she can get used to handling him with some help and supervision.

If the patient was known to the worker early in pregnancy, the worker may have been able to work out some of the problems mentioned before hospitalization; if not, the worker offers such help as she can on these problems as soon as the patient is physically able to meet them. The patient who comes to the hospital at term or in labor usually presents a more difficult problem than the one who is known during the prenatal period. She is not in physical condition during her lying-in period to discuss anything but the most pressing problems and often leaves the hospital in a confused and bewildered state.

The patient should be encouraged to look beyond her immediate need and to plan for her reinstatement into society as a self-directing individual. Practical matters, such as training, employment, and recreational outlets, which will help her find her place in the social group, are important. If the family can provide security and protection a few weeks of friendliness and encouragement on the part of the worker may be all that is needed. In other cases the worker may need to obtain the services of a social agency such as a child-caring or family agency. If the mother must assume responsibility for earning the living, she needs help in providing for the physical care of her child. This often means a boarding home. Such an arrangement can best be effected and supervised by a child-caring agency equipped to give case-work service to the patient. The transfer requires skill and tact. The new worker cannot give helpful service unless the patient accepts it. It is the medical social worker's responsibility to help the patient see her need and to obtain her acceptance of the new agency's service; then to continue to maintain a helpful relationship with the patient until she has established a satisfying relationship with the new worker.

NOTES ON PROBLEMS OF THE TRANSIENT

Statement of Committee on Care of Transient and Homeless

The national Committee on Care of Transient and Homeless on March 14, 1938, presented to the Special Senate Committee to Investigate Unemployment and Relief a "Statement of Problems Involved in Adapting Social Security and Relief Provisions to the Needs of Migrant and Nonresident Persons and Families; and Recommendations for Remedial Action."

The statement groups the major problems involved in transiency at the present time under: (1) Lack of relief provisions; (2) dangers to public health and need for proper medical aid; (3) need for direction and guidance to employment and proper recognition of the need for a mobile labor supply; (4) lack of educational provisions for the children of migrants; and (5) need for uniformity of settlement provisions and for centralized State authority for the determination of settlement.

To meet these problems the committee suggests the establishment within the Social Security Board of a general public-assistance division with authority to provide transient assistance in cooperation with the States on a grants-in-aid basis under specified conditions. It suggests also the expansion, under the general direction of the Secretary of Labor, of the employment services, Federal and State, with provision for a continuing flow of information on local employment conditions, and the provision through grants-in-aid to State departments of education of adequate vocational rehabilitation and guidance programs for persons, including nonresidents, in need of such service. The statement includes a request for the printing of the report on the study of migratory labor conducted by the Department of Labor under Senate Resolution No. 298, and for the continuation of this study in accordance with Senate Joint Resolution No. 85, passed by the Senate and now before the House of Representatives.

The complete statement of the committee and selected sections of the supplementary documents are published in *The Transient* for March 1938 (vol. 5, no. 2, National Association for Travelers Aid and Transient Service, 1270 Sixth Ave., New York).

The Transient and State Settlement Laws

A Survey of the Present Status of the Problem of the Transient and State Settlement Laws has been prepared for the Continuation Committee of the Interstate Conference on Transients and Settlement Laws, by Edward A. Macy, staff member of the Council of State Governments, New York office (New York, March 1938, 15 pp.).

An outline is given of possible methods of approaching the problem of the transient based on suggestions from the Trenton Conference of 1936; the memorandum to the Subcommittee on Planning of the Committee on the Care of the Transient and Homeless; the report of the Florida Transient Coordinating Committee; and the American Public Welfare Association's pamphlet, "Interstate Problems in the Field of Public-Welfare Administration." This outline covers Federal, State, interstate, and local action.

NEWS AND READING NOTES

Report on housekeeper service conference issued

A report of the Conference on Housekeeper Service held under the auspices of the Children's Bureau on November 6, 1937, has been prepared in mimeographed form, and single copies are available from the Children's Bureau while the supply lasts (Washington, 1938, 10 pp.).

Consideration of the activities of different agencies represented at the conference indicated that some agencies provided only one type of service, whereas others were meeting varied needs in the families they serve by providing homemaker services, housekeeping-aid service, and educational services through a visiting housekeeper.

The discussion of these different types of service brought out the basic need for job analysis and clarification of the functions of different types of workers and for the development of terminology that would make possible more accurate analysis of the work of different agencies undertaking housekeeper service. It was suggested that such an analysis was the first step to be considered in gathering information on existing housekeeper programs.

There was general agreement on the need for services and for assistance from a national group that would see the problem in its broad relationship to the fields of social work, health, home economics, and the employment of women workers.

American Association of Social Workers survey on relief A survey of the relief situation in 43 representative areas in 28 States during the winter of 1938, prepared by the American Association of Social Workers (130 East Twenty-second St., New York), was released on March 21, 1938.

BOOK AND PERIODICAL NOTES
(Socially Handicapped Children)

YOUTH IN THE TOILS, by Leonard V. Harrison and Pryor McNeill Grant. Macmillan Co., New York. 1938. 167 pp. $1.50.

In order to gain knowledge of the situation confronting the delinquent boy from the time of arrest to the moment of release, the Delinquency Committee of the Boys Bureau serving two family-welfare agencies in New York City made an intensive survey of the system in use in dealing with delinquent boys. Studies are presented of boys, differing widely in character, background, education, attitude, and type of offense, but uniform in one respect--the disintegrating effect of their contact with the penal machinery of the city. In view of the finding quoted from the report of the New York State Crime Commission that only one in four of the youths arrested is eventually thought deserving of imprisonment, the description of the procedures of arrest, arraignment, and detention while awaiting trial, and of the effect of these ordeals on first offenders and on innocent boys and girls, is especially pertinent.

The authors propose a program of reorganizing New York's system of dealing with young offenders 16 to 21 years of age, with a flexible program of treatment after guilt or innocence has been determined.

CHILD-WELFARE LEGISLATION IN MARYLAND, 1634-1936, by Rev. Edward J. O'Brien. Catholic University of America, Washington, D.C. 1937. 375 pp.

The legislative history of public aid to children in Maryland over a period of 302 years is covered in detail in this doctoral dissertation. Separate chapters are devoted to mothers' aid, institutions for dependent children, the illegitimate child, institutions for delinquent children, the juvenile court, education, child labor, physical health of the child, provisions for deaf and dumb children, provisions for blind children, the care of crippled children, the mental health of the child, adoption, desertion and nonsupport, kidnaping, and other subjects. Each chapter is a unit in itself, giving the entire history of the subject from the establishment of Maryland to the present.

Where necessary for the clarification of the subject, the author includes opinions and recommendations based on consultation with specialists in the various fields and on his own study.

THE PUBLIC CHILD-WELFARE PROGRAM IN THE DISTRICT OF COLUMBIA, by Emma O. Lundberg. Children's Bureau Publication No. 240. Revised and enlarged edition. Washington, 1938. 82 pp.

This study, made at the request of the Board of Public Welfare of the District of Columbia, makes available information on which community planning for the needs of dependent, neglected, and delinquent children may be developed. It shows the need for certain changes both in legislation and in administrative organization, as well as for increased appropriations to provide opportunities for preventive work with children in their homes before their problems become so acute that the children require long-continued and expensive care as public wards.

The conclusions and recommendations of the study were published separately in 1937. Legislative changes recommended include modernization of the juvenile-court law[1] and revision of the law which now prevents, without court commitment, services to neglected, dependent, mentally defective, or predelinquent children. The need for a public mental-hygiene clinic and for staff expansion is pointed out.

---

[1] A bill providing such modernization has been passed by Congress but has not yet been signed (May 10, 1938).

OF CURRENT INTEREST

Stanford education conferences

A Conference on Social Education will be held at the School of Education, Stanford University, Calif., July 6-10, 1938. This will be immediately preceded by a Conference on Early Childhood Education, July 5-6, under the joint auspices of the School of Education and the California Association for Childhood Education, with Winifred Bain, Julia Hahn, William Heard Kilpatrick, Gertrude Laws, and Lois Meek among the speakers.

The general sessions of the Conference on Social Education will consider the implications of evolving culture for education. Speakers will include William Heard Kilpatrick, Lewis Mumford, William Ogburn, Edgar Robinson, and Ray Lyman Wilbur.

International Management Congress to be held in Wasington

The Seventh International Management Congress will be held in Washington, D.C., September 19 - 23, 1937. The sponsoring group is the International Committee of Scientific Management, of which the Right Honorable Viscount Leverhulme of Great Britain is president.

Topics for the general sessions include: Management's responsibilities to society; the influence of technical progress upon social development; reshaping distribution to modern economy; the continuance of free enterprise; a common ground for labor and management.

The registration fee of $10, covering attendance at all sessions and copies of all proceedings, can be sent to Nathaniel W. Barnes, Executive Secretary, Room 1201, 347 Madison Ave., New York.

CONFERENCE CALENDAR

June 6-10	American Psychiatric Association. Secretary: Dr. W.C. Sandy, State Education Bldg., Harrisburg, Pa.
June 9-11	American Academy of Pediatrics, Del Monte, Calif. Secretary: Dr. Clifford G. Grulee, 636 Church St., Evanston, Ill.
June 10-11	American Heart Association. San Francisco. Secretary: Dr. Howard B. Sprague, 50 West Fiftieth St., New York.
June 12-18	Congrès International de la Protection de l'Enfance. Frankfort, Germany. Secretariat: Avenue de la Toison-d'Or, 67, Brussels, Belgium.
June 13-17	American Medical Association. Eighty-ninth annual session, San Francisco. Information: A.M.A., 535 North Dearborn St., Chicago.
June 13-20	American Library Association. Conference, Municipal Auditorium, Kansas City, Mo. Executive office: 520 North Michigan Ave., Chicago.
June 20-23	National Tuberculosis Association. Thirty-fourth annual meeting, Los Angeles. Information: N.T.A., 50 West Fiftieth St., New York.
June 20-24	Canadian Medical Association. Sixty-ninth annual meeting, Halifax, Nova Scotia.
June 21-23	Canadian Conference of Social Work. Vancouver, British Columbia.
June 26-30	•National Education Association. Seventy-sixth annual convention, New York. For reservations write to Chairman of Hotel Committee, Room 1036, 233 Broadway, New York.
June 26-July 2	National Conference of Social Work. Sixty-fifth annual meeting, Seattle, Wash. Conference headquarters, Senator Auditorium; headquarters hotel, The Olympic.
June 28-July 1	American Home Economics Association. Hotel William Penn, Pittsburgh, Pa. Information: A.H.E.A., Washington, D.C.
July 13-16	Territorial Conference of Social Work. Honolulu, Hawaii.

THE Child

Monthly News Summary

JUNE
1938

Volume 2
Number 12

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

JUL [illegible] 193

THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 12 June 1938

CONTENTS

PAGE

CHILD LABOR

Measures for Unemployed Youth in the United States, 1935-37 - - - - - - 245
June Session of International Labor Conference- - - - - - - - - - - - - 247
Book and Periodical Notes - 248

SOCIAL-SECURITY PROGRAM FOR CHILDREN

General Advisory Committee on Maternal and Child-Welfare Services - - - 249
Summary of State Progress Reports on Maternal and Child-Health Services for Fiscal Year Ended June 30, 1937, by Edwin F. Daily, M.D. - - - - 250
Joint Report on Maternal and Child Health - - - - - - - - - - - - - - - 252
What Is Child-Welfare Service? - 253

MATERNAL, INFANT, AND CHILD HEALTH

News and Research Notes - 255
  NEW GRANTS BY COMMONWEALTH FUND FOR MEDICAL RESEARCH
  FOLDER ON SYPHILIS OFFERED BY PUBLIC HEALTH SERVICE
  NATIONAL HEALTH CONFERENCE CALLED
  1938 REVISION OF INFANT CARE
Foreign Notes - 256
  NUTRITION WORK IN URUGUAY
  MEXICO DEPARTMENT OF SOCIAL AID TO CHILDREN
  CHILD AND MATERNAL WELFARE IN CHILE
Book and Periodical Notes - 256

SOCIALLY HANDICAPPED CHILDREN

Current Studies by the Social-Service Division, by Agnes K. Hanna - - - 260
Legislative Notes - 261
  DISTRICT OF COLUMBIA JUVENILE-COURT ACT
  FEDERAL JUVENILE-DELINQUENCY BILL
  JUVENILE NUMBER OF "FEDERAL PROBATION"
Book and Periodical Notes - 262

GENERAL CHILD WELFARE

News and Reading Notes- 263
  HOW TO MAKE THE FOURTH OF JULY SAFE
  SOCIAL WORK ON THE FIRING LINE
  THE CHILD EXPLORES HIS WORLD
  PRESIDENT OF ROCKEFELLER FOUNDATION REVIEWS WORK
Book and Periodical Notes - 264

OF CURRENT INTEREST

Safety-Education Fellowships at New York University - - - - - - - - - - 265
Award for Best Book of Year for Parents - - - - - - - - - - - - - - - - 265
Conference Calendar - 265

For sale by Superintendent of Documents, Government Printing Office, Washington, D.C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

CHILD LABOR

MEASURES FOR UNEMPLOYED YOUTH IN THE UNITED STATES, 1935-37

The International Labor Conference at its session in June 1935 gave special consideration to the problems of the industrial depression particularly as they affect young persons. It was recognized that many of the young persons then unemployed and thrown on inadequate resources would have entered commercial, industrial, or professional employment in normal times, and that a special responsibility rests upon governments to provide for their welfare in a period of unemployment. No draft convention on the subject was formulated by the Conference, but a comprehensive recommendation (No. 45) was adopted, which set up standards as to measures to be put into effect by the respective member countries. It was the aim of these measures to make provision for occupying constructively the enforced leisure of unemployed youth and gradually to make possible their absorption in gainful employment.

The principles recommended cover standards for child-labor and school-attendance legislation, including a minimum school-leaving age of not less than 15 years; provision of industrial and vocational education courses or training centers and of scholarships; development of special recreational and social services for youth; provision of work for young people under governmental auspices; organization of special guidance and placement services for juveniles; and improvement of recreational facilities. The collection of statistics showing the extent of the problem was also recommended. In 1937 the member countries were requested by the International Labor Office to report the extent to which these principles had been applied. Following is a summary of the report, covering the years 1935 through 1937, which was prepared by the United States Children's Bureau in response to this request.

In the relief and work programs provided for the unemployed the United States Government has given special consideration to young people. Unemployed young persons have been engaged on work programs by the Civilian Conservation Corps and by the National Youth Administration. The National Youth Administration has provided part-time employment for high-school, college, and graduate students so that they could continue their education. Special facilities for the counseling and placement of young persons have been developed by the United States Employment Service in cooperation with the National Youth Administration. The Federal Committee on Apprentice Training has promoted the establishment of apprenticeship standards. There has been an increase in recreational facilities and programs conducted under governmental auspices or supplemented by Federal funds. Standards of State child-labor and compulsory school attendance laws have been raised.

Civilian Conservation Corps

The Civilian Conservation Corps was established by Congress in March 1933 and has been extended by successive acts to June 30, 1940. This is a nonmilitary organization, which has provided employment and vocational training on useful public works in connection with the conservation and development of natural resources. Enrollment is voluntary, and with the exception of a small group of veterans is limited to unmarried men from 17 to 23 years of age, inclusive, who are unemployed and in needy circumstances. They must be able to do vigorous outdoor work. Enrollments are for a term of 6 months, unless employment is obtained during that period, and may be renewed up to 2 years, the maximum length of service. Approximately 2,000,000 young men had been enrolled by the end of 1937. The number of enrollees reached a peak of 506,000 in August 1935.

Enrollees are required to work 40 hours a week on work projects, and their basic cash allowance is $30 per month. In addition they are furnished food, shelter, clothing, transportation, medical attention, hospitalization, and educational and recreational opportunities. The educational program of each camp is under the direction of an educational adviser appointed by the United States Office of Education. Training includes courses in general, vocational, and avocational subjects. As the enrollees are engaged entirely on public conservation projects such as forest culture, forest protection, erosion and flood control, transportation improvements, irrigation, and drainage, they do not compete with workers in private industries.

Student Aid

Educational opportunities for young persons who would otherwise be unable to continue their education have been offered through the provision of part-time employment for school, college, and graduate students by the National Youth Administration. The programs have been carried on by State directors and administrative units, assisted by State and local advisory committees. The central office of the National Youth Administration in Washington, with the assistance of a national advisory committee, serves as a supervisory and coordinating unit.

The part-time employment provided for these students, which is supplementary to the regular work of the school, includes clerical work; library, museum, and laboratory work; research; conducting adult-education classes and recreational activities; and the maintenance of grounds and buildings. High-school students may earn a maximum of $6 per month; college undergraduate and graduate students, from $20 to $40 per month as a maximum (average earnings are considerably less). Hours range from a maximum of 20 hours per week for high-school students to 30 or 40 hours per week for college students, and each student must carry at least three-fourths of a normal schedule. Although this aid covers only a part of the total cost of school attendance, it has been sufficient to enable many boys and girls to continue in or to enter school. In the academic year 1936-37, $28,000,000 was spent for student aid and approximately 440,000 students participated in the program.

Work Projects

The National Youth Administration has also initiated part-time employment projects for out-of-school youth between 18 and 25 years of age who are members of needy families. The work must be for a public, semipublic, or nonprofit agency, and must be supplementary to the normal program of the agency so as not to displace regular employees. The hours of work are limited to 8 a day, 40 a week, and 70 a month, and the hourly wage rates on these projects are based on those prevailing in the community, just as they are for adults employed on Works Progress Administration projects. However, the hours of the National Youth Administration workers are limited so as to make their monthly earnings average approximately one-third of the amounts paid locally to adult employees by the Works Progress Administration.

Vocational Guidance and Junior Placement

The United States Employment Service, with the assistance of the National Youth Administration, has established junior-placement and special counseling services in a number of cities to receive applications of young persons seeking jobs, to appraise their experience and abilities, and to endeavor to find suitable employment for them. The National Youth Administration has also been instrumental in setting up special consultation services in a few cities where young persons presenting special problems can secure information concerning fields of work open to them and the requirements and relative availability of jobs. (A brief but more comprehensive description of these programs will be found in *The Child*, May 1938, p. 232.)

Apprentice Training

The Federal Committee on Apprentice Training has been established to encourage sound apprenticeship standards and cooperation with State agencies as well as with employers and employees in the promotion of such standards. Cooperating State committees have been organized in 44 States to promote apprenticeship under standards recommended by the Federal Committee.

Child-Labor Regulation

The importance of eliminating employment of children under 16 has been recognized as one of the means of creating openings for older boys and girls and of providing the needed additional training and guidance for the younger group. In 1937 two important Southern textile States, North Carolina and South Carolina, adopted a 16-year minimum age for children employed in factories at any time. The enactment of this legislation increased to 10 the number of States with a basic minimum-age requirement of 16 years for employment. It is significant of the developments in recent years that before 1933 only two States had a 16-year standard. Progress was made also in regulating employment of children in street trades, in protecting minors from hazardous occupations, and in decreasing hours of labor of minors.

Federal bills affecting child labor were before Congress in 1936 and again in 1937. No general Federal child-labor law has been enacted, but standards for employment of minors have been established by the Public-Contracts Act for manufacturers supplying goods for the use of the Federal Government. Under the Sugar Act of 1937, sugar-beet growers who wish to receive the production-control benefits from Federal funds must comply with certain child-labor regulations.

Recreation Programs

Public recreation facilities developed in the United States have not been limited specifically to young persons but have been available to all who wish to take advantage of them. The leisure-time program of the National Youth Administration has included the building and enlarging of physical facilities for recreation--such as parks, playgrounds, and community centers--and the organization of recreational groups of various kinds. The projects of the Civilian Conservation Corps have included the development of the recreational facilities of city, county, State, and Federal parks. Federal funds have been used to supplement local recreation appropriations and the Works Progress Administration has organized projects to train workers in group-recreation activities. Recreational demonstration areas have been developed under Federal auspices and are used primarily for organized camps for children in families of the lower-income groups living in large centers of population.

Unemployment Statistics

Progress has been made in the collection of statistics on unemployment. The national unemployment census taken in November 1937 included data on the age, sex, and occupation of the unemployed. The statistics now compiled by the United States Employment Service show the age, sex, color, education, and occupation of registrants. In the future this information will be available also for all unemployed persons eligible for and seeking unemployment compensation.

* * * * *

Through the development of these programs the Government of the United States of America has recognized the problems confronting unemployed youth and has made progress in meeting them constructively, recognizing at all times, however, that in the final analysis the provision of opportunities for education, guidance, placement, and suitable employment under good labor standards is basic for all young people.

JUNE SESSION OF INTERNATIONAL LABOR CONFERENCE

The twenty-fourth session of the International Labor Conference opened in Geneva, Switzerland, on June 2, 1938.

The Governing Body, without a dissenting vote, elected John G. Winant director of the International Labor Office, to succeed Harold B. Butler, who recently retired. The election of Mr. Winant, former Governor of New Hampshire and first chairman of the Social Security Board, for the first time places a citizen of the United States (which became a member of the International Labor Organization in 1934) at the head of the International Labor Office.

The agenda for the 1938 session include the following six topics: Technical and vocational training and apprenticeship; generalization of the reduction of the hours of work; hours and rest periods in road transportation; statistics on hours and wages; contracts of employment for indigenous workers; and equality of the treatment of migrant workers.[1]

As a basis for discussion of the first item on the agenda the International Labor Office has prepared a report, "Technical and Vocational Education and Apprenticeship" (Geneva, 1938, 225 pp.). The report consists of three parts, following a general introduction. The first part deals with vocational and technical education, including pre-apprenticeship and supplementary education, the second with apprenticeship, and the third with methods of vocational retraining for unemployed persons. The conclusions of the report include a list of subjects on which the Conference might, it is suggested, instruct the International Labor Office to consult member Governments with a view to a second discussion of the question at the 1939 session.

---

[1] For a full description of the program see "Program of International Labor Conference of June 1938," by W.E. Chalmers, in *Monthly Labor Review*, April 1938, pp. 868-874.

Delegates appointed from the United States include Frances Perkins, Secretary of Labor, and Carter Goodrich, United States Labor Commissioner at Geneva, representing the Government; Henry I. Harriman, of the New England Power Association, representing employers; and Robert J. Watt, of the American Federation of Labor, representing labor.

BOOK AND PERIODICAL NOTES

(Child Labor)

THEY STARVE THAT WE MAY EAT, compiled by Edith E. Lowry. Council of Women for Home Missions, 297 Fourth Ave., New York. 1938. 72 pp.

The conditions under which migrant families live and work on the crops are described in this pamphlet, which also summarizes the efforts to alleviate these conditions that are being made by the Council of Women for Home Missions, State and county authorities, Federal groups, and the National Child Labor Committee. The pamphlet is illustrated by a number of photographs of migrant families, many of them with small children.

DISCUSSION OF INDUSTRIAL ACCIDENTS AND DISEASES; 1937 Convention of the International Association of Industrial Accident Boards and Commissions, York Harbor, Maine. United States Division of Labor Standards, Bulletin No. 17. Washington, 1938. 216 pp.

The papers given at the 1937 Convention of the International Association of Industrial Accident Boards and Commissions include a review of recent workmen's compensation court decisions, by Charles F. Sharkey, Bureau of Labor Statistics, United States Department of Labor, a paper on the administration of an occupational-disease law, by Harry A. Nelson, Director, Workmen's Compensation Department, Wisconsin Industrial Commission, and many others. One session took the form of a medical program, and another was devoted to the subject of safety and rehabilitation.

Among the resolutions passed was one recommending to the State accident boards and commissions that they cooperate with the United States Children's Bureau in reporting statistics of accidents to minors for the purpose of providing factual data for the use of Federal and State agencies empowered to determine occupations hazardous to minors.

PROCEEDINGS OF THE FOURTH NATIONAL CONFERENCE ON LABOR LEGISLATION, Washington, D.C., October 25, 26, 27, 1937. United States Division of Labor Standards, Bulletin No. 18. Washington, 1938. 159 pp.

Apprenticeship, minimum wage, wage-and-hour legislation, child labor, industrial home work, and workers' education were among the subjects discussed at the Fourth National Conference on Labor Legislation, the proceedings of which are given in full in this bulletin. The report of the resolutions committee and the action taken by the conference on the various resolutions are included.

SCHOOL SURVIVAL RATES, by Emery M. Foster. *School Life*, vol. 23, no. 7 (March 1938), pp. 265-266.

Statistics showing the increase in the holding power of the public schools during the past 20 years are given in this article by the chief of the Statistical Division of the United States Office of Education. The number of boys and girls graduating from high schools in 1938 is estimated at 40 percent of the number in the class when it was in the fifth grade, as compared with 14 percent who reached graduation in 1918. Reprints of this article can be obtained from the United States Office of Education, Washington, D.C., while the supply lasts.

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

GENERAL ADVISORY COMMITTEE ON MATERNAL AND CHILD-WELFARE SERVICES

A meeting of the General Advisory Committee on Maternal and Child-Welfare Services of the Children's Bureau was held in Washington on June 2, 1938. The purpose of the meeting was to review progress and to discuss future objectives in the three services administered under the Social Security Act by the Children's Bureau.

Subjects for discussion included problems of State organization; selection and training of personnel; correlation of services; local extension of service; State and local financing; Federal staff and appropriations; and Children's Bureau research studies on administration of maternal and child-welfare services.

The present members of the General Advisory Committee, appointed in December 1937 for a 2-year term, are:

Chairman, Fred K. Hoehler, Director, American Public Welfare Association, Chicago.

Grace Abbott, Professor of Public Welfare, School of Social-Service Administration, University of Chicago.

Fred L. Adair, M.D., Professor of Obstetrics and Gynecology, University of Chicago; American Committee on Maternal Welfare; Chairman, Children's Bureau Advisory Committee on Maternal and Child-Health Services.

Mrs. Roscoe Anderson, Webster Groves, Mo. National League of Women Voters.

W.W. Bauer, M.D., Director, Bureau of Health and Public Instruction, American Medical Association, Chicago.

Mrs. Dorothy Bellanca, Vice President, Amalgamated Clothing Workers of America, New York; Committee on Industrial Organization.

Kenneth D. Blackfan, M.D., Professor of Pediatrics, Harvard University School of Medicine, Boston.

M. O. Bousfield, M.D., Director for Negro Health, Julius Rosenwald Fund, Chicago.

C.C. Carstens, Executive Director, Child Welfare League of America, New York.

A.J. Chesley, M.D., Secretary and Executive Officer, Minnesota Department of Health, St. Paul; Secretary-Treasurer, Conference of State and Provincial Health Authorities of North America.

H. Ida Curry, Consultant, Public Welfare Committees, State Charities Aid Association, New York; Chairman, Children's Bureau Advisory Committee on Community Child-Welfare Services.

Harriet Elliott, Dean of Women, Woman's College of the University of North Carolina, Greensboro; American Association of University Women.

John A. Ferrell, M.D., Associate Director, International Health Division, Rockefeller Foundation, New York; American Public Health Association.

Homer Folks, Secretary, State Charities Aid Association, New York.

Mary G. Hawks, Buffalo, N.Y. National Council of Catholic Women.

Henry F. Helmholz, M.D., Mayo Clinic, Rochester, Minn.; Professor of Pediatrics, University of Minnesota Graduate School of Medicine.

Fred Hewitt, Editor and manager, *Machinists' Monthly Journal*, Washington, D.C.; American Federation of Labor.

T. Arnold Hill, Director, Department of Industrial Relations, National Urban League, New York.

W. Freeland Kendrick, Philadelphia. Chairman, Board of Trustees, Shriners' Hospitals for Crippled Children.

Paul H. King, Detroit. International Society for Crippled Children.

Mrs. S. Blair Luckie, Chester, Pa. General Federation of Women's Clubs.

The Reverend Bryan J. McEntegart, Director, Division of Children, Catholic Charities of the Archdiocese of New York.

Robert B. Osgood, M.D., Emeritus Professor of Orthopedic Surgery, Harvard University School of Medicine, Boston; Chairman, Children's Bureau Advisory Committee on Services for Crippled Children.

Mrs. J. K. Pettengill, National Congress of Parents and Teachers, Washington, D.C.

Emma C. Puschner, Director, National Child-Welfare Division, American Legion, Indianapolis.

Robert H. Riley, M.D., Director, Maryland State Department of Health, Baltimore.

Mrs. Abbie C. Sargent, Bedford, N.H. Associated Women of American Farm Bureau Federation.

Mrs. Dora H. Stockman, East Lansing, Mich. National Grange.

Mrs. Nathan Straus, National Council of Jewish Women, New York.

Linton B. Swift, General Director, Family Welfare Association of America, New York.

Katharine Tucker, R.N., Director, Department of Nursing Education, University of Pennsylvania, Philadelphia.

SUMMARY OF THE STATE PROGRESS REPORTS ON MATERNAL AND CHILD-HEALTH SERVICES FOR THE FISCAL YEAR ENDED JUNE 30, 1937

BY EDWIN F. DAILY, M.D., DIRECTOR,
MATERNAL AND CHILD-HEALTH DIVISION, U.S. CHILDREN'S BUREAU

The amount expended for maternal and child-health services from Federal fund A by the 51 States and Territories during the fiscal year 1937 was $2,379,284.42; this was matched by an equal amount of State and local funds. The amount expended from Federal fund B by the 47 States receiving fund B, for which matching funds are not required, was $744,630.85. Progress reports were received from all except 1 of the 51 States and Territories (including Alaska, Hawaii, and the District of Columbia) that received grants-in-aid for maternal and child-health services. The reports were incomplete in certain instances, however, so that some of the figures given here are considerably smaller than they would be if reporting had been complete.

The many types of service provided through maternal and child-health funds (including Federal funds A and B and matching funds budgeted in the State plans approved by the Chief of the Children's Bureau) can be grouped under local services and postgraduate education.

LOCAL SERVICES

Staff Assignments

State staff paid wholly or partly from maternal and child-health funds and assigned permanently or temporarily to local districts (this term as used throughout this summary includes any subdivision that the States reported, counties, towns, and schools) for maternal and child-health services other than supervisory or consultative services include physicians, public-health nurses, and dentists.

Physicians were assigned in 194 local districts in 18 States and in 2 States reporting as units.

Public-health nurses were assigned in 371 local districts in 29 States and in 2 States reporting as units.

Dentists or dental hygienists were assigned in 72 local districts in 10 States.

Other State professional staff were assigned in 75 local districts in 10 States.

A total of 2,550 local practicing physicians in 35 States and 259 local practicing dentists in 14 States received payment from maternal and child-health funds for their services in assisting in the maternal and child-health programs.

Public-health nurses on local staffs administered or supervised by the State health agency for services not of a supervisory or consultative nature totaled 2,434 in 967 local districts in 43 States and in 2 States reporting as units. In addition, 232 nurses in Wisconsin were not allocated to local districts. The salary or travel of 1,412 of the 2,434 nurses was paid in whole or in part from maternal and child-health funds.

Generalized services were rendered by 1,888 of the 2,434 nurses and specialized services by 477. The public-health nurses rendering specialized services included 307 maternal and child-health nurses, 124 school nurses, and 46 other specialized nurses. The type of service was not specified for the remaining 69 nurses.

Maternity Services

Maternity services under the maternal and child-health program included prenatal clinics, antisyphilitic treatment, public health nursing service in homes, nursing classes, and midwife supervision and training.

Prenatal clinics or conferences were conducted by physicians in 2,433 centers in 408 local districts in 33 States and in 2 States reporting as units; also in 499 centers in Wisconsin. Medical service was rendered by local physicians paid wholly or partly from maternal and child-health funds in 189 local districts in 20 States and in 2 States reporting as units. Postpartum examinations were provided in 391 local districts in 30 States and in 3 States reporting as units.

Free antisyphilitic treatment was available in 683 local districts in 38 States and in 3 States reporting as units. This service was provided wholly or partly through maternal and child-health funds in 153 local districts in 18 States.

Prenatal nursing service was available in 1,007 local districts in 44 States and in 3 additional States reporting as units. Nursing service at delivery was available in 166 local districts in 28 States and in 1 State reporting as a unit. Postpartum nursing service was available in 940 local districts in 42 States and in 2 States reporting as units.

Nursing conferences or classes were held in 3,019 centers in 362 local districts in 29 States and in 3 States reporting as units.

Meetings for midwife supervision and training were held in 385 local districts in 19 States and in 2 States reporting as units.

Services for Infants and Preschool Children

Physicians conducted conferences and clinics for infants and preschool children in 5,723 centers in 685 local districts in 38 States and in 4 States reporting as units. Medical service was rendered by local physicians paid wholly or partly from maternal and child-health funds in 328 local districts in 27 States and in 4 States reporting as units. Medical service was rendered by the local health officer in 436 local districts in 32 States.

Immunization against diphtheria and smallpox was available in 1,007 local districts in 43 States and in 3 States reporting as units. This service was provided wholly or partly through maternal and child-health funds in 681 local districts in 31 States and in 3 States reporting as units.

Public health nursing service was available in homes in 1,055 local districts in 44 States and in 3 States reporting as units.

Services for School Children

Medical examinations of school children were made in 708 local districts in 40 States and in 1 State reporting as a unit. These examinations were made by local physicians paid wholly or partly from maternal and child-health funds in 47 local districts in 12 States and in 1 State reporting as a unit, and by local health officers in 520 local districts in 31 States.

Public health nursing service was available in schools in 996 local districts in 41 States and in 2 States reporting as units, and in homes in 1,000 local districts in 42 States and in 2 States reporting as units.

Dental Service

Free service by dental hygienists was available in 84 local districts in 18 States and in 2 States reporting as units. This service was provided wholly or partly through maternal and child-health funds in 42 local districts in 11 States and in 2 States reporting as units.

Free corrective service by dentists was available when needed in 271 local districts in 30 States. This service was provided wholly or partly through maternal and child-health funds in 81 local districts in 14 States.

POSTGRADUATE EDUCATION

Postgraduate staff training was provided with the aid of maternal and child-health funds vor a limited number of physicians, nurses, and dentists. Twenty-three staff physicians in 10 States received postgraduate training: 19 in schools of public health and 4 in other schools. A total of 305 staff nurses in 32 States were granted stipends for postgraduate study: 80 nurses on State staffs, 204 nurses on local staffs, and 21 other nurses. Twenty-four staff dentists in 7 States received postgraduate training: 20 in schools of public health and 4 in other schools.

Postgraduate training was provided with the aid of maternal and child-health funds for local practicing physicians and dentists in 34 States.

Courses in obstetrics were held in 316 centers in 32 States. The total number of sessions in these courses was 1,009. Twenty-two of these States reported a total enrollment of 6,193 physicians. Ten States did not report the number of physicians enrolled.

Courses in pediatrics were held in 243 centers in 26 States. The total number of sessions in these courses was 864. Nineteen States reported an enrollment of 5,009 physicians. Seven States did not report the number of physicians enrolled.

Courses in dentistry were held in 7 centers in 2 States. The total number of sessions was 14, and the number of dentists enrolled was 163. These two States were Maine and Rhode Island.

In addition, several States had full-time obstetric and pediatric lecturers on the State staff but did not report the number of physicians who attended their meetings.

JOINT REPORT ON MATERNAL AND CHILD HEALTH

CHILD HYGIENE COMMITTEE OF THE STATE AND PROVINCIAL HEALTH AUTHORITIES OF NORTH AMERICA AND COMMITTEE ON MATERNAL AND CHILD HEALTH OF THE STATE AND TERRITORIAL HEALTH OFFICERS[1]

Evidence of widespread interest in maternal and child health is met at every turn. During the past year more than $42,000,000 was spent by State health authorities in promoting public health, and of this amount 14.7 percent was spent on maternal and child-health activities. At the time this report was prepared, replies had not been received from all of the Provinces of Canada, but from all indications our neighbors to the north of us have likewise demonstrated, in a monetary way, the necessity of greater service in the field of maternal and child health.

Criticism cannot now be justly made, as it has been made in the past, of the use of the greater part of the funds budgeted by States for central administration. Of all funds administered by States in promoting maternal and child-health activities, 80.8 percent was used in field work during the past year.

During the period covered by this report there has been in most instances an increase in State budgets for these activities. Of the 37 States replying to a questionnaire sent to the health officers, only 1 State reports a decrease in the budget allocation to these services; 5 States report the same allotment as in 1936, while the remaining States indicate very creditable increases. The largest increases are noted in the Northwestern States. The increases from Federal sources vary in many instances as they are based upon needs of the States.

In reviewing the new and special programs promoted by the various States and Provinces, it may be earnestly stated that at no time during the past 7 years I have served as chairman have there been such indications of generalized programs to combat our problems in maternal and child health.

The foundation upon which we as public-health administrators should build our organizations is well-trained and qualified personnel. Personnel should have special training in order to serve as consultants to those furthering the programs in the field. Refresher courses for both health officers and public-health nurses, as well as other allied personnel in the local organizations, have shown a marked increase during the year. The problem with which we were recently confronted, a shortage of health officers and public-health nurses, is being rapidly solved in each State. The States are taking upon themselves the responsibility of selecting suitable applicants for training in public health. The committee wishes to commend the various States in their unselfish attitude and self-helpfulness in securing personnel to fill the important positions in their respective States.

In maternal hygiene there has been a great variety of activities which have been strengthened or, in many cases, newly instituted during the year. Much interest is manifested in the States embarking upon a program of home delivery service and establishment of prenatal and postnatal clinics with added nursing service to health departments. In some States the home delivery service is extended to all living in the area, while in other States the service is limited to low-income groups. Most of the home delivery service programs so far have been for demonstration only. Further to improve our service incident to and at time of delivery, the following activities have been quite generally reported:

Establishment of antepartum clinics and maternity clinics; establishment of venereal-disease clinics; surveys of causes of prematurity, stillbirths, and maternal mortality; development of nursing standards; refresher courses for physicians and nurses; consultation service to physicians on antepartum, delivery, and postpartum care; and provision of sterile delivery packages for physicians in demonstration areas.

In the field of child health, there seems to be an indication of strengthening existing programs and adding new services through increased personnel. The principal new services are in the fields of nutrition and dental health. In a number of States nutritionists have been added to the State staffs, while in others renewed interest is being manifested through refresher courses for local health workers. Dentists and dental hygienists have been employed in certain States to create a greater interest in dental health while other

---

[1] Presented at the Conference of State and Territorial Health Officers with the Children's Bureau, April 8, 1938, by Felix J. Underwood, M.D., chairman of both committees.

States make use of itinerant dental trucks. Many other activities are reported. . . .

I feel that we are all in agreement that there has been definite progress made in the field of maternal and child health during the past year. Budgets have been increased in a measure to meet the health needs of the various areas, trained personnel has been added to administer the programs, and a large part of all moneys expended has gone into field services where it rightfully belongs. In many areas demonstrations are being made in various phases of these hygiene services. It is recognized that in order to maintain our health services at a high level the whole subject must be approached with an inquiring and critical mind, and from this point of view only can we hope to secure improvement in techniques as well as in administrative procedure.

The extension of postgraduate teaching, not only to persons actively engaged in public-health work but also to medical practitioners, and the intensification of public-health education both lead to a better-informed public. Therefore, our present program has a foundation which should, in its promotion, have a direct effect upon the hazards of maternal and child health.

WHAT IS CHILD-WELFARE SERVICE?

As an answer to the question, "What is child-welfare service?" a series of stories will be presented in this and subsequent issues of *The Child*, illustrating types of problems and community conditions dealt with by child-welfare workers in a number of States. These stories have been selected from a large number of similar illustrations sent to the Children's Bureau with semiannual progress reports. They have been arranged under headings suggesting the main problem encountered. Each case story is illustrative of the interrelation of child welfare with problems involving relief, family difficulties, and community responsibility. Each presents conditions which need understanding, interpretation, and consideration of the best method of treatment for the individual child.

The child-welfare workers in the States in which child welfare service plans are now in operation find, no matter in what section of the United States they are, ill, undernourished, neglected, dependent, and delinquent children.

REHABILITATION OF CHILD'S OWN HOME

There is growing evidence of the inadvisability of severing a child's natural bonds with his own parents and own home if there is within the situation any factor on which to build a satisfactory future for the child. The known--though sometimes of a different standard from what is desirable--may give to the child that sense of comfort and calm needed for the best mental, emotional, and physical growth. Therefore, the child-welfare worker tries first to evaluate weaknesses and strengths of the home situation and, then, in the light of this evaluation, to devise and carry out plans that will insure the most satisfactory development for the child in his own home.

The following case directs attention to the relative values of good physical surroundings offered through foster-home placement and a sense of emotional satisfaction and "belongingness" in the child's own home situation, where physical conditions are entirely unsatisfactory. This case is also illustrative of community participation.

The case of 12-year-old Gervis, a neglected "po' white chile" was brought to the attention of the county department of public welfare and the school-attendance teacher by a group of citizens who for some time had been concerned over the situation of Tom and his small daughter. Gervis' mother had died 2 years before; the older children had left home and married; and Tom, the father, had ceased his futile efforts at tenant farming and earned a precarious living for Gervis and himself. The child-welfare consultant was called in.

The home was a ramshackle seed house of one room; no chimney, steps, or windows; a doorless, small stove; one lumpy mattress on the floor; no bathing nor toilet facilities; a lamp improvised from an old rag stuck into a whiskey bottle filled with kerosene. In the evening crap and poker games went on in the hovel, the players consisting of the worst type of white and Negro men of the neighborhood. Gervis looked on or slept.

The child had never attended school. She went out frequently to pick cotton with a group of Negroes, often composed entirely of men. She cooked the meals for her father and herself on the dilapidated stove. The only companionship Gervis had, besides her father and his associates, was that of a kindly Negro woman who befriended the child in many little ways.

A joint community conference was held, composed of a local pastor, the school principal, the presidents of parent-teacher association and missionary society, the postmaster, the proprietor of the general store, the attendance teacher, the worker from the department of public welfare, and the child-welfare consultant. After a thorough discussion of the case, the committee agreed that the community would cooperate in formulating and carrying out a plan of treatment based on the needs revealed by a thorough social study of the situation.

The first home visit was made by Miss W, attendance teacher. Gervis, through the efforts of Miss W, was outfitted with attractive school clothes and enrolled in school. A few toilet articles, heretofore undreamed of by Gervis, were also purchased; she was taken to the barber; and had a complete physical examination at the county-health unit. Lunch at the drug store was the crowning feature of the day. Since then, the child has attended school and church regularly, participating in the Christmas programs of each. With the help of an understanding teacher, Gervis has adjusted well to her new acquaintances; her manner toward them is friendly and responsive, and she appears eager to avail herself of her new opportunities. But she is loyal to her "pa," and stoutly declares she "could not ask no one to treat her no better than he does."

The consultant's approach to the father was that of mutual interest in Gervis and concern for her welfare. The consultant acknowledged the obstacles which prevented the father from giving his child the opportunities he must want for her and hoped he would feel free to discuss his problems. Tom realized his own inadequacy, "with no money, no health, and no wife." He frankly admitted that his home "warn't the proper sort of place to bring up a gal child." He evaluated objectively the homes of several of his own and his deceased wife's relatives and suggested that the consultant investigate the home of one of his brothers as a possible one for Gervis. At the end of the interview he expressed himself as "right proud" that the consultant had visited him, as he had been "right smart worried and hadn't nobody to talk to."

Out of the community's participation in this case has grown an awareness of the needs of all children and of the community's responsibility to meet such needs.

* * * * *

The following case is typical of problems presented in the rural counties of a Southern State:

Jimmie was referred to the child-welfare unit as a "problem child" by lay persons who saw that neglect and abuse at home had contributed toward making Jimmie a delinquent.

The father's earnings were small and the mother made no effort to "stretch the money." Meals were never regular and the mother often refused to cook. She would sometimes buy food for herself and refuse to share it with the children. The parents quarreled almost constantly. Difficulties in the home were openly discussed on the village streets and the father occasionally joined in the discussion. Members of the family were rarely at home. Friends, neighbors, and relatives avoided calling.

Sara, the older girl, was said to be sexually promiscuous and Jane, 12 years of age, was reported to be following in her sister's footsteps.

Jimmie, 11 years old, with a sidewise grin and a shock of rumpled dark hair, was everlastingly in trouble! He would have been sent by the county juvenile judge to the State industrial school for boys (an institution for delinquents) if he had not been too young. He had been caught taking money--he literally grew up on the streets.

The father summed up the situation by saying home conditions could not be improved unless "you get me another woman." The mother frankly was not interested in the children. Her oldest child, whom she had neglected during his lifetime, had died several months previously. She could discuss nothing except her personal problems and the son who was dead. For weeks she would not acknowledge any responsibility for her living children.

There were few resources from which to draw in attempting to work with this situation. The idea of foster-home placement was abandoned quickly. The father said he did not wish it, and the judge would not insist on it.

After a number of weeks during which the child-welfare worker established herself as a friend of the family and convinced them of her desire to help them, the situation shows some improvement. The mother will talk of all the children and has said that Jimmie never had a chance because she has not been well since he was born. The parents volunteered the information (not entirely accurate) that the children were going to Sunday school regularly. The mother made over some second-hand clothing for Jane and, when complimented on her work, said "Why, I always could sew!"

During a recent call the entire family, with Sara leading, told of the day's excitement, Five persons from out of town had dropped in for dinner because they had met the father some time ago and declared they would "look him up some day!" The mother said they finally served a pretty good meal but she wished she had known the guests were coming because "we had to get it ready in a hurry and so everything came out of tin cans!" Sara paused to say slowly: "You know they acted just like they liked us!" The mother emphasized that the guests came because they thought so much of "dad." Jimmie sat on his father's lap while father beamed and said of the mother, "I wouldn't trade her!"

The mother often "begs" and continues to whine. The parents will always need constant "reminding of their duty." The child-welfare consultant is not very well acquainted with Jimmie yet and has grave doubts as to the outcome of the case, principally because mother and father are beginning so late to recognize their responsibility. However, even considering the odds, Jimmie does have a good opportunity to become a useful citizen.

MATERNAL, INFANT, AND CHILD HEALTH

NEWS AND RESEARCH NOTES

New grants by Commonwealth Fund for medical research

Special grants were authorized in April 1938 in the following new fields of medical research, according to the News-Letter of the Commonwealth Fund for May:

> The first is an analytical study of the streptococcus, the organism responsible for scarlet fever and some of its more dangerous complications, for some of the severe pneumonias, for a very fatal form of meningitis, for septic sore throat, erysipelas, septicemia following childbirth, and many of the systemic poisonings which follow wound infections. At the University of Pennsylvania a group of investigators under the direction of Dr. Stuart Mudd, has found the way to break up this organism by new methods which apparently do less damage to its chemical structure than older techniques; an antigenic substance (one that stimulates the formation of antibodies in the infected animal body) has been isolated that may play an important part in the building up of immunity to streptococcal invasion. The intricate chemical structure of the bacterium is now being worked out.
>
> A 3-year study of the cause and mechanism of failure of the enlarged heart, by Dr. Joseph T. Wearn, professor of medicine at the Western Reserve University School of Medicine, will have support from the Fund.
>
> Another grant goes to the Harriet Lane Home of the Johns Hopkins University School of Medicine for a special study, under the Department of Pediatrics, of the relation of the endocrines to growth and development in children. The need for a base line defining normal endocrine function is pressing, since far-reaching inferences drawn from pathological conditions have not yet been adequately controlled by quantitative studies. The field is a difficult one, and the present project attacks the problem at a point where endocrine failure is conspicuously revealed, that is, in cases of arrested physical and mental growth.

Folder on syphilis offered by Public Health Service

To help health officers, clinic heads, and health workers in the follow-up of syphilis cases, the United States Public Health Service has prepared a folder, "Syphilis; its cause, its spread. . . its cure" to be handed to patients on their first visit. This can be purchased from the Superintendent of Documents, Government Printing Office, Washington, at $1 per 100 copies; in smaller quantities, 5 cents each.

National Health Conference called

A National Health Conference has been called to meet in Washington, July 18-20, to consider the needs of the Nation in the fields of health and medical care. The announcement of the conference came from Josephine Roche, chairman of the President's Interdepartmental Committee to Coordinate Health and Welfare Activities, which has been working on the subject for 3 years. Representatives of the medical and other professional organizations interested in the provision of medical services, and also of agriculture, labor, and other citizen groups, have been invited to attend.

The Interdepartmental Committee has been assisted by a Technical Committee on Medical Care, which recently issued a report, "The Need for a National Health Program" (see *The Child*, February 1938, pp. 176-177). The Technical Committee on Medical Care is composed of specialists representing the United States Public Health Service, the Children's Bureau, and the Social Security Board.

1938 revision of Infant Care available

The Children's Bureau has for distribution a limited number of free copies of a new edition of Infant Care (Publication No. 8, Washington, 1938, 108 pp.). Since this bulletin was first published in 1914, more than 10,000,000 copies have been distributed.

The present revision is the work of Dr. Ethel C. Dunham, Director of the Division of Research in Child Development of the Children's Bureau, and Dr. Marian M. Crane of that Division, with the assistance of the Bureau's advisory committee of pediatricians. A new feature in this edition is the more detailed description of the care of the premature baby, giving directions for his care immediately after birth, for keeping him warm, for protecting him from infections, and for clothing, bathing, and feeding him. This section on the premature baby will be issued also as a separate booklet.

FOREIGN NEWS

Nutrition work in Uruguay

Recent developments in nutrition work carried on by the Government of Uruguay are described in the report for 1937 of the Director of the National Bureau of Nutrition and Foods, who is also president of the national commission on nutrition in Uruguay.

The Bureau has established a model popular restaurant as a demonstration of well-balanced meals; it watches over the quality of the food supply and works in other ways for the improvement of the national diet. Instruction in foods and nutrition is given in the Government school of health and social service and in the courses for social visitors maintained by the Division of Hygiene of the National Department of Public Health. Several studies have been made of illness among school children attributable to faulty diet. The Bureau supervises the food service in institutions for children subsidized by the Government. Lunches are served in the schools of the capital city and of some other cities. The principles of good nutrition are being taught to mothers at the child-health centers. *(Boletín de la Oficina Sanitaria Panamericana, Washington, May 1938.)*

Mexico Department of Social Aid to Children

A Department of Social Aid to Children (Departamento de Asistencia Social Infantil), centralizing most of the Government child-welfare work, was established in 1937. For the purpose of helping the Department financially and with practical work a private organization, La Asociacion Nacional de Asistencia Infantil, was formed in the Federal capital with branches in other cities. Various child-welfare agencies have been established through the combined efforts of the Department and the Association; mothers' clubs have also been formed in many parts of the country for teaching child care, personal hygiene, sewing, cooking, and arts and crafts. Up to May 1, 1938, 16 such clubs with a total membership of 4,800 were established in Mexico City alone. *(Bureau correspondence with Dr. Enelda G. Fox, Department of Social Aid to Children, Mexico, D.F.)*

Child and maternal welfare in Chile

The Health Code of Chile makes the National Health Service responsible for the technical health supervision of all public and State-aided private institutions, the activities of which include maternal and child-welfare work. The code states that "All women shall be entitled to the protection and care of the State throughout the period of pregnancy, from conception onwards, and until 6 months after confinement," and that the protective action of the State shall include the health and social assistance of both mother and child. This care is to be provided free of charge to needy mothers through public-welfare and State organizations.

Protection of the child's health is to continue until the school-leaving age, and includes preventive medical care of school children and, in large centers, dental service. *(League of Nations, C.Q.S./P.E./C.I./1, Legislative and Administrative Series No. 24, Geneva, 1937.)*

BOOK AND PERIODICAL NOTES

(Maternal, Infant, and Child Health)

Seventeenth presentation of hospital statistics reprinted

Hospital Service in the United States, 1938, reprinted from the *Journal of the American Medical Association*, March 26, 1938, is available from the American Medical Association, 535 North Dearborn St., Chicago (pp. 959 - 1050; price, 50 cents). This is the seventeenth annual presentation of hospital data by the Council of Medical Education and Hospitals of the American Medical Association, and gives the outstanding facts revealed by the annual census of hospitals for 1937.

Of the hospitals investigated registration was refused to 617 and granted to 6,128. Of the registered hospitals, 954 were approved for training internes and residents. The number of patients admitted to registered hospitals in 1937 was 9,221,517.

Transactions of New Orleans meeting of the Southern Branch, American Public Health Association The Transactions of the Sixth Annual Meeting of the Southern Branch of the American Public Health Association, held in New Orleans, November 30 and December 1, 1937, have been published by the association (50 West Fiftieth St., New York, 1938, 87 pp.).

In his presidential address, Victor H. Bassett, M.D., gave a historical account of the elimination of tetanus neonatorum in the Savannah area through emphasis on cleanliness of midwives and on sterile procedures. He also described the reduction in neonatal mortality rates and stillbirth rates, especially among Negroes, since the adoption of rules and regulations for midwives in 1922.

Other papers of especial interest in the field of child health include "Chemical Prophylaxis for Poliomyelitis," by Max M. Peet, M.D., and Dean H. Echols, M.D., and "Development of Public Health Nursing Programs for Crippled Children," by Naomi Deutsch, R.N.

* * * * *

THE PSYCHOLOGY OF EARLY GROWTH, by Arnold Gesell, Ph.D., M.D., Sc.D., and Helen Thompson, Ph.D. Macmillan Co., New York. 1938. 290 pp. Price, $4.

This volume represents another contribution to knowledge of the nature of infant behavior by the director of the Yale Clinic of Child Development and the research associate in biometry at the clinic, the result of studies which have been in progress at the Yale Clinic of Child Development during the past 11 years. It will replace in part the volume "The Mental Growth of the Preschool Child," now out of print.

Like its predecessor, it deals with the "normative and diagnostic aspects" of the psychology of early growth, but it is limited to studies on infants from 4 to 56 weeks of age. In addition it includes a consideration of body growth and puts special emphasis on the "analytic and systematic" aspect of specific behavior items.

In part 1 are given the methods and procedures of the normative survey of the infants studied, including the procedure in taking bodily measurements.

In part 2 the physical and behavior norms are assembled according to the various behavior situations at each age level. A summary for each age level is given.

Part 3 discusses the research and clinical uses of the methods and of the maturity-level summaries, points out the complexity of the task, and cautions that the "most fundamental diagnostic procedures in the field of behavior can be undertaken only in close coordination with other forms of clinical medicine."

PSYCHOLOGIC CARE DURING INFANCY, by Ruth Morris Bakwin and Harry Bakwin. *Journal of Pediatrics*, vol. 12, no. 1 (January 1938), pp. 71-90.

The authors' theme is that psychologic growth during infancy proceeds largely by a process of maturation and is dependent on innate psychologic drives more than on environment. Relevant data from the psychologic literature are introduced into the discussion, which covers primary emotional responses, learnability, eating (breast feeding, bottle feeding, use of a cup, and use of the spoon), prevention of anorexia, thumb sucking, sleep, training for rectal and vesical control, discipline, speech, hand preference, intelligence testing, and parental attitudes.

FREQUENT ILLNESS IN CHILDHOOD, PHYSICAL GROWTH, AND FINAL SIZE, by Martha Crumpton Hardy. *American Journal of Physical Anthropology*, vol. 23, no. 3 (January-March 1938), pp. 241-260. For reprints communicate with author, Elizabeth McCormick Memorial Fund, Chicago.

Results of periodic examination of a group of boys and girls during 12 or 14 years of the late stages of physical growth (6 years to 21 years), carried on by the Elizabeth McCormick Memorial Fund of Chicago, are reported in this paper. The children in the group were from all economic levels, in regular attendance in the public schools, and, on the whole, were healthy children.

The records showed that 13 percent of the children had a history of nine or more illnesses and 14 percent had three or fewer illnesses during infancy and childhood. Throughout the childhood years, the children who were frequently ill had a history of a greater variety of diseases and more frequent attacks than those used as a control. Selected measurements revealed no evidence of any general relation of illness history either to rate of growth during middle and late childhood or to size at maturity (19 years or later).

IRVINGTON HOUSE, THE FIRST TEN YEARS; an analysis of the mortality records, 1920-30, by Robert H. Halsey, M.D. Publisher not given. January 1938. 36 pp.

The history of this home for cardiac children, in brief outline, forms the introduction to a statistical analysis of its records. In the period 1920-30 there were admitted to care 2,054 children, of whom 448 died. Most of these had contracted the disease at about 8 years of age. There was no indication that earlier care, or care for a longer period, would have changed the outcome. The author emphasizes the need for more knowledge of preventive measures.

HEART DISEASE IN CHILDHOOD, by T. Duckett Jones, M.D. *American Journal of Public Health*, vol. 28, no. 5 (May 1938), pp. 637-643.

The research director of the House of the Good Samaritan, Boston, points out that the etiology of rheumatic fever (the common cause of heart disease in childhood) is unknown; that it is probable that the disease has never been reproduced experimentally; and that no specific therapeutic measures are available. He discusses the chronicity of rheumatic fever; recurrences of this disease; the importance of events which seem to influence its onset, such as operative procedures, accidents, severe sunburn, and extraction of teeth; and the evaluation of the presence or absence of active rheumatic fever.

THE PUBLIC-HEALTH ASPECT OF HEART DISEASE IN CHILDHOOD, by Bernard Schlesinger, M.D. *Lancet* (London), vol. 234, nos. 11 and 12 (March 12 and 19, 1938), pp. 593-599; 649-654.

The scheme provided by the county council and the Board of Education in London for the care of juvenile rheumatic carditis is now estimated to cost more than £220,000 annually. In the Milroy lecture for 1938, delivered before the Royal College of Physicians of London, Dr. Schlesinger (physician to Children's Department, Royal Northern Hospital, and physician to out-patients, Hospital for Sick Children, Great Ormond Street, London) discussed the existing system, its shortcomings and possible improvement, and its value to the community.

During 10 years of experience in charge of a convalescent hospital in the country for children with heart disease, the author has been able to examine a large number of children and to follow the cases personally for varying periods of time. An analysis of 1,000 cases of juvenile rheumatism showed that 877 patients were still living at the time his results were tabulated. Most of these children were leading almost normal lives. Only 60 were in poor health, and only 5 were in the hospital at the time of his latest investigation. Most of the 123 deaths had occurred within 2 years of the time of discharge.

In discussing the details of treatment and aftercare of the rheumatic child and ways of improving and extending the service, Dr. Schlesinger commended the special-school system, and the plan of reporting to the London County Council unsatisfactory housing of children who are cardiac cases. In a comparative study of 90 rheumatic and 90 nonrheumatic children he found definite indication that insufficient means for comfortable living is an important predisposing factor in juvenile rheumatism.

In the matter of employment, two recent legislative enactments have been helpful to cardiac cripples. An act that came into effect on April 4, 1938, enables children leaving school and entering employment to obtain medical benefit and the services of a doctor, pending their title at the age of 16 to full insurance under the National Health Insurance Act. Under the Factory Act of 1937 there will now be facilities for reexamination and determination of the effects of work on an adolescent's health. In consequence the factory surgeons will no longer be faced with the alternative of giving a certificate of fitness in a doubtful case or of rejecting the child altogether.

Dr. Schlesinger feels that the evidence produced by his extended study vindicates the measures already in force and gives strong justification for their extension.

OPHTHALMIA NEONATORUM AS A CAUSE OF BLINDNESS AMONG CHILDREN, by Edith C. Kerby, Statistician for the National Society for the Prevention of Blindness. *Outlook for the Blind*, vol. 32, no. 2 (April 1938), pp. 48-50.

For 30 years, through the cooperation of superintendents of schools for the blind, statistics have been compiled on ophthalmia neonatorum as a cause of blindness among the pupils in their schools. The figures for the limited group of schools making such provision for eye examination that the records are statistically significant show that blindness was caused by ophthalmia neonatorum in the following percentages of the pupils admitted, by 5-year periods beginning in 1907: 22.8, 18.7, 16.6, 12.0, 8.4, 7.1. The percentage of children admitted during 1935-36 whose blindness resulted from this cause was 9.1.

RELATIONSHIP OF MATERNAL AND CHILD HEALTH TO THE GENERAL HEALTH PROGRAM, by Thomas Parran, M.D. *American Journal of Public Health*, vol. 28, no. 3 (March 1938), pp. 256-262.

The address of the Surgeon General, United States Public Health Service, before the Children's Bureau Conference on Better Care for Mothers and Babies, held in Washington, D.C., January 17, 1938, is here printed in full. Dr. Parran considered the maternal and child-health program in its relation to a comprehensive national preventive program of public health.

THE ESSENTIAL FEATURES OF POLIOMYELITIS, by T. Campbell Thompson, M.D. *Public Health Nursing*, vol. 30, nos. 3 and 4 (March and April, 1938), pp. 142-147, 214-218.

The first of these two articles deals with the diagnosis and treatment of poliomyelitis in the acute stage; the second, with the convalescent stage.

HOSPITALS FOR RURAL COMMUNITIES. U.S. Department of Agriculture, Farmers Bulletin No. 1792. Washington, 1937. 42 pp. For sale by the Superintendent of Documents; price, 5 cents.

Facts about "hospitals for rural communities" are presented in this bulletin for physicians, nurses, hospital administrators, and others interested in providing better hospital facilities for rural sections. From a number of reliable sources information has been gathered with regard to various aspects of the problem--the need for rural hospitals, capital costs, operating costs, methods of financing, costs of medical care for the rural family, and so forth.

The bulletin also includes information on rural hospitals that are being operated successfully in many sections of the country. There are floor plans for hospitals varying in size from 10 to 50 beds, and a number of photographs of rural hospitals.

As is pointed out in this bulletin, "A good rural hospital does more than provide for those in the community who actually need hospital care. If it is well equipped and well organized it may attract physicians to the country district where it is located, and it also may be the means of encouraging the doctors in the locality to stay in country practice. It enables these country doctors to see more patients and do better work. Its laboratories and facilities can be used for the diagnosis and treatment of all the people. It may become the center of the entire county-health program."

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

SOCIALLY HANDICAPPED CHILDREN

CURRENT STUDIES BY THE SOCIAL-SERVICE DIVISION OF THE UNITED STATES CHILDREN'S BUREAU

BY AGNES K. HANNA, DIRECTOR

The Social-Service Division undertakes research on problems affecting the social welfare of dependent, mentally deficient, and physically handicapped children and in the legislation enacted for the protection of these children.

Paternity laws In response to requests for information on legislation relating to illegitimacy, an analysis of existing laws on establishment of paternity and provisions for support of children born out of wedlock has been prepared. The report, which is in press, discusses the significant aspects of the laws and shows in chart form the characteristics of the laws of the States and Territories.

The Uniform Illegitimacy Act drafted in 1922 does not define any procedure applicable to cases in which the father is willing to acknowledge paternity, yet a large percentage of paternity cases fall within this group and an officially approved acknowledgment of paternity entails liability for support. The Children's Bureau study shows that most of the legislation fails to meet the needs of present social-work practice in dealing with illegitimacy problems and that there is need for reconsideration of these laws by State groups.

Adoption laws An analysis of adoption laws is partly compiled. In the publication that is in preparation special problems relating to adoption, such as legal safeguards of transfer of parental custody, will be presented as well as a summary and chart of adoption laws.

State supervision of care of children A study of State supervision and licensing of organizations and of family homes caring for children has been undertaken in order to make the experience of a few States in this field available to State departments of welfare engaged in developing programs of supervision.

Field work has been completed in six States: Alabama, Connecticut, Georgia, Maryland, New Jersey, and North Carolina. About four more States will be visited.

Children born out of wedlock in Baltimore In order to determine whether regulations in regard to keeping infants born out of wedlock with their mothers interfere with a sound casework approach to the problems of the mothers, a study was made during 1937 in Baltimore, Md. Maryland is one of the three States having laws prohibiting the separation of a child under 6 months of age from its mother except under specified conditions.

From the official records of the department of health, the courts, the State department of social welfare, and all social agencies that might have cared for these children, schedules were prepared for approximately 1,000 children registered in Baltimore during 1935 as being born out of wedlock. Records were obtained also for stillbirths registered as illegitimate. The records are now being analyzed.

Social services for unmarried mothers In order to ascertain the services available to the unmarried mother and her child in representative cities, a study was made during 1936 and 1937 in five cities ranging in population from 400,000 to 900,000: Buffalo and Milwaukee, located in States that have legislation authorizing public services for the unmarried mother and her child, and Baltimore, Washington, D.C., and St. Louis, where there is no special legislation. In these cities during 1935, 3,059 children, of whom 1,201 were white children, were born out of wedlock.

The data obtained in this study, a report of which is in preparation, indicate the need for making social services more generally available to the mothers of these children, who are faced with many social, personal, and economic problems in planning for the care of their children.

Adoption practices Work has been continued on the analysis of schedules obtained from records of adoption investigations in nine States in which the State department of welfare had been authorized to make investigations in adoption cases.

The findings in this study indicate the need for State departments to undertake a broad program of interpretation of the needs of the child placed for adoption.

Because of the need for material that would assist prospective parents in understanding the significance of adoption, a pamphlet on this subject has been prepared for general distribution.

Community supervision of mentally deficient children

A recent preliminary inquiry as to the extent to which community social services have been made available to children handicapped by mental defect indicates the need for further study of resources for care of these children. The gathering of more material on the subject is being planned.

LEGISLATIVE NOTES

District of Columbia juvenile-court act

An act to create a juvenile court for the District of Columbia (H.R. 4276) was signed by the President on June 1, 1938. This law provides for the modernization of juvenile-court procedure in the District of Columbia and follows closely the provisions of the Standard Juvenile-Court Act.

Federal juvenile-delinquency bill

A Federal juvenile-delinquency bill, recommended by the Attorney General, was introduced in Congress in May. This bill (S. 4090) applies to persons 17 years of age or under who commit Federal offenses not punishable by death or life imprisonment. The purpose is to do away with long jail detention, to make possible prompt and private hearings, and to broaden the possibilities for disposition and treatment.

Under this bill the Attorney General may direct, with the consent of the juvenile, the institution of proceedings on a charge of juvenile delinquency, rather than for a substantive offense. Proceedings on a charge of juvenile delinquency may be initiated by the filing of an information, instead of grand-jury indictment. Hearings shall be without a jury and may be held at any time and in chambers. The Attorney General is authorized to provide for the detention of juveniles in a juvenile home or other suitable place. A juvenile "found guilty" of juvenile delinquency may be placed on probation or committed to the custody of the Attorney General, who may designate a public or private agency for his custody, care, subsistence, education, and training.

The bill was passed without amendment by the Senate on June 7, 1938, and by the House on June 10.

Juvenile number of "Federal Probation"

"In view of the crucial importance of juvenile delinquency in the Federal system of justice, and the early prospect of significant legislative developments in this field," the April 1938 issue of *Federal Probation* (vol. 2, no. 2, U.S. Department of Justice, Washington) emphasizes the problem of the youthful offender. The leading article, "Minimum Standards for United States Probation Service," is by the Attorney General of the United States.

Hon. James V. Bennett, Director, Bureau of Prisons, points out the need for revising existing machinery for handling juvenile Federal offenders in an article entitled "Redesigning Federal Juvenile Procedure." In "The Juvenile Offender Program--Next Steps," Carl B. Hyatt outlines the policies developed by the Department of Justice for the care of the juvenile offender, leading up to the introduction of new legislation. (See note on Federal juvenile-delinquency bill.

Other articles having to do with juvenile delinquents include the following: "Resources for Child-Welfare Service Under the Social Security Act," by Katharine F. Lenroot, Chief of the United States Children's Bureau; "Held Pending Disposition," by Marjorie Bell, Assistant Director, National Probation Association; "The Use of Boarding-Home Care as a Method of Treatment for Juvenile Delinquents," by Elsa Castendyck, Director, Delinquency Division, United States Children's Bureau; and "Juvenile Delinquency Among Indians," by Joseph C. McCaskill, Assistant Director of Education, United States Office of Indian Affairs.

BOOK AND PERIODICAL NOTES

(Socially Handicapped Children)

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK, 1937. University of Chicago Press, Chicago. 1938. 699 pp.

"Public assistance--whither bound?" the title of the presidential address by Edith Abbott, is the theme which runs through this volume. Although the present importance of this theme has made necessary the exclusion of valuable material on specialized fields of social work, the following papers on child care have been included: Case Work With Boys in a Training School, by Herbert D. Williams; The Growth of Child-Welfare Services in Rural Areas, by Mildred Arnold; Case Work in Protective Agencies, by E. Marguerite Gane; The Federal Government and Desirable Standards of State and Local Administration, by Katharine F. Lenroot; Cooperation or Obstruction in Determining Fields of Activity, by H. Ida Curry; Medical Care for Crippled Children, by Dr. R.C. Hood; Mental-Health Needs in Children's Institutions, by Sybil Foster; The Evaluation of a Child's Progress in an Institution, by Helen A. Day.

OUR RACIAL AND NATIONAL MINORITIES; their history, contributions, and present problems, edited by Francis J. Brown, Ph.D., and Joseph Slabey Roucek, Ph.D. Prentice-Hall, New York. 1937. 877 pp.

The significance of the problem of racial minorities in the United States is presented and general factual information summarized in part 1 of this substantial volume. Part 2 contains a chapter on each of these minority groups, written by persons selected as authorities in the field--in most cases by one who is a leader in his own minority group.

Part 3 deals with specific sociological problems, such as the incidence of delinquency among the children of immigrants. On this subject, Frederic M. Thrasher (chapter 22, "Are Our Criminals Foreigners?") presents evidence to show that the high delinquency rates in urban immigrant areas revealed by various studies exist "not because these young people are the children of immigrants but because for them the immigrant social controls have weakened and they have become disorganized by contacts with the vice and crime which flourish in the blighted areas of American cities . . . . Since about two-thirds of the parents of delinquent boys in American industrial cities are peasants from rural areas and villages in Europe, it is not strange that they do not know how to manage their children in such a totally new and different environment." Professor Thrasher finds the solution in more intelligent and more comprehensive social planning to curtail the evil influences which play upon the children in these disorganized areas and to open up to them more adequate cultural opportunities.

In part 4 the authors propound the development of "cultural pluralism" (the acceptance of the best from all the minority groups) as the general solution for the problems of minority racial groups in this country.

BASIC PRINCIPLES OF HEALTHFUL HOUSING; preliminary report by the Committee on the Hygiene of Housing, American Public Health Association. *American Journal of Public Health*, vol. 28, no. 3 (March 1938), pp. 351-372.

The American Public Health Association has published the preliminary report of the Committee on the Hygiene of Housing, of which Dr. C.-E.A. Winslow is chairman, in order to make it available for study.

Thirty basic principles are discussed, grouped under four heads: Fundamental physiological needs; fundamental psychological needs; protection against contagion; and protection against accidents. Under each of these basic principles, specific requirements are stated and methods of attainment suggested. Certain subjects are pointed out on which further study is being made.

TRENDS IN RELIEF EXPENDITURES, 1910-1935, by Anne E. Geddes. Works Progress Administration, Research Monograph X. Washington, 1937. 117 pp.

This monograph presents the findings in a comprehensive review of long-time trends in expenditure for various types of public and private relief. Part I contains a summary of the data available in various studies covering all or part of the period 1910-35. Part II contains a detailed analysis of monthly and annual trends in statistics on public outdoor relief and wage assistance available on a Nation-wide basis, 1933-35.

GENERAL CHILD WELFARE

NEWS AND READING NOTES

How to make the Fourth of July safe

The National Society for the Prevention of Blindness advocates more widespread adoption of the idea of community celebrations which include expert supervision of pyrotechnic exhibitions on the Fourth of July, and offers the following suggestions to parents:

> (1) Use no fireworks and make it impossible for your children to use fireworks before or after the Fourth of July.
>
> (2) If you do use fireworks on the Fourth of July, do not permit little children to handle them. There is no such thing as safe fireworks for little children. Deaths have been caused by so-called harmless sparklers and by other apparently "harmless" fireworks.

The "First Annual Summary of Fourth of July Injuries," has been reprinted from the *Journal of the American Medical Association* (November 27, 1937, pp. 1806-1808) and copyrighted by the American Medical Association. It states that 20 deaths were reported as the result of the celebration of the Fourth of July with fireworks or firearms in 1937. Most of the victims were children. The total number of injuries recorded was 7,205.

"Social Work on the Firing Line"

The anniversary number of the *Survey Midmonthly*, May 1938, groups together under the general heading of Social Work on the Firing Line, articles on the history, development, and probable future of social work from the point of view of Paul Kellogg, William Haber, Charles F. Ernst, Thomas D. Eliot, Helen Hall, David C. Adie, Ewan Clague, Gertrude Sturges, M.D., Helen Cody Baker, Gertrude Springer, Sidney Hollander, and Margaret Farlow.

A chronological list of events on the "social front" during the past 25 years begins with the first public conference on mental hygiene and the consideration of "mothers' pension" bills in 15 State legislatures and concludes, at the end of 1937, with the Social Security Act in operation under all titles.

"The Child Explores His World"

A motion picture showing projects of the Brooklyn Children's Museum has been prepared to show how any community may create a children's museum to help its children in healthy self-expression and character development. "The Child Explores His World" is a silent film that can be shown in about half an hour. It is distributed by the Division of Visual Experiment, Harmon Foundation, 140 Nassau St., New York, and is suitable for clubs, schools, museums, churches, civic organizations, teacher-training classes, and parent-teacher associations. This 2-reel, 16-millimeter film can be purchased for $50 or rented at $3 per showing plus transportation; phonograph records with cues for use can be rented for $1.50 additional.

President of Rockefeller Foundation reviews work of foundation in 1937

"The Rockefeller Foundation; a review for 1937," by Raymond B. Fosdick, President of the Foundation (New York, 1938, 62 pp.), contains a statement of the general principles for philanthropic giving developed by John Davison Rockefeller. At the time of his death in May 1937, Mr. Rockefeller, then in his ninety-eighth year, had given a total of some $530,000,000 for philanthropic purposes. Mr. Rockefeller believed in leaving his gifts free from restrictions that might hamper their future usefulness and did not believe in attempting to maintain foundations in perpetuity. The four funds established by him (The Rockefeller Institute for Medical Research, the General Education Board, the Rockefeller Foundation, and the Laura Spelman Rockefeller Memorial) have expended a total of $645,000,000 in 88 countries.

In accordance with this policy, two Rockefeller boards have already terminated their activities: The Laura Spelman Rockefeller Memorial in 1929 and the International Education Board (established by Mr. Rockefeller, Jr.) in 1937. The General Education Board is now approaching liquidation, the review states, and "how long the Rockefeller Foundation may continue depends upon the opportunities for expenditure which lie ahead."

BOOK AND PERIODICAL NOTES

Associated Country Women of the World publish proceedings of Washington conference

Proceedings of the Third Triennial Conference of the Associated Country Women of the World, held at Washington, May 31 to June 11, 1936, have been published as Department of State Publication 1092, Conference Series 34 (Government Printing Office, Washington, D.C., 1937, 309 pp., price (paper) 50 cents).

The introduction contains a historical account of the Associated Country Women of the World, an account of the organization and program of the conference, and lists of officers, constituent organizations, and delegates to the conference. Minutes of discussion groups include discussion of health services in rural areas, organizations for rural young people, and rural unemployment and readjustment. Reports are given from constituent organizations in the United States, Australia, Canada, Ceylon, Denmark, England, Estonia, Germany, India, Ireland, Kenya, Netherlands, New Zealand, Nyasaland, Scotland, South Africa, and Switzerland.

RICH LAND--POOR PEOPLE, by Max R. White, Douglas Ensminger, and Cecil L. Gregory. Farm Security Administration, Region III, Research Report No. 1. Indianapolis, January 1938. 62 pp. Mimeographed.

Conditions of the farm population in the lowlands of southeastern Missouri, where the soil is of moderate to high productivity, adapted to the growing of a wide variety of crops, and where the rainfall is generous and well-distributed throughout the year are considered in this study. The level of living of the sharecroppers and farm laborers who make up the majority of the population is described in terms of low income, poor housing, lack of property, inadequate diet, poor health, excessive mobility, and the need for public relief.

Child-health conditions in this part of Missouri are summarized as follows:

> The high death rate for children under 2 years of age from diarrhea and enteritis is distinct testimony to the low living standards and lack of knowledge of child care. If the morbidity rate for children were available it would further magnify the problem. During the hot summer months intestinal disturbances are chronic. The general opinion of the more illiterate mothers is that diarrhea is caused by hot weather and cannot be avoided. Little concern is given to appropriate summer diets. Hot breads, fried foods, and overcooked vegetables are as commom in summer as in winter. Foods are generally exposed to flies, and refrigeration is usually lacking. In Pemiscot, Dunklin, and New Madrid Counties, where sharecropping and day labor are more commonly used in cotton production, the death rate is persistently higher than in the other counties in the area. The high mortality rate from diarrhea and enteritis for the population over 2 years indicated that the disease is not confined entirely to children.
>
> The infant mortality rate is higher in every one of these counties than the State average, and is more than twice as high in some of the counties. Again, generally low living standards and the ignorance and poverty which are associated with degrading social conditions are the apparent causes.

STEP BY STEP IN SEX EDUCATION, by Edith Hale Swift, M.D. Macmillan Co., New York. 1938. 207 pp. $2.

The form of informal dialogues among mother, father, daughter, and son, has been chosen by the author in order to demonstrate the practicability of making sex education a natural part of family living. A distinctive feature of the book is the progressive character of the conversations, which illustrate approaches and subject matter suitable for children of all ages from 2 years to 20.

IT'S TIME TO PLAN FOR OUTDOOR PLAY, by Marian Holbrook. *Safety Education*, vol. 17, no. 8 (April 1938, section one), pp. 199-201, 208.

Progress in providing more parks and playgrounds for New York City's congested areas is described in this article, which also gives suggestions for safety measures on playgrounds.

BE YOUR AGE, by Marjorie Barstow Greenbie. Stackpole Sons, New York, 1938. 251 pp. $2.

This book assumes that the reader "has properly grown up to the age of 16, and now wants to know where to go from there." Chapter by chapter it takes the adolescent through the development of adult attitudes of self control, poise, responsibility, and so forth, that should be attained with each additional year of maturity. Some advice on the approach to occupational life is included.

OF CURRENT INTEREST

Safety-education fellowships at New York University

Research fellowships and graduate courses in safety education have been established for the academic year 1938-39 by New York University in cooperation with the National Conservation Bureau.

The staff of the safety-education center will be headed by Dr. Herbert J. Stack, Director, and by Dr. Frank S. Lloyd, professor of education at New York University, Consultant. Contemplated courses include: Materials and methods of teaching safety education in elementary, secondary, and vocational schools; safety in athletics and recreation; and essentials of industrial-accident prevention.

A maximum of 18 research fellowships in safety education are offered, with stipends ranging from $400 to $1,200. Fellows must be graduates of accredited colleges or universities and candidates for a higher degree, and will be expected to give full time to study and research, including a certain amount of field work in various cities. Applications from teachers, supervisors, and administrators in public schools and teacher-education institutions are especially desired. Applications should be submitted to the Safety Education Fellowship Committee, Division of General Education, New York University, 20 Washington Square North, New York, not later than July 15, 1938. *(New York University announcement, May 18.)*

Award for best book of year for parents

In connection with a Better Parenthood Week luncheon held May 4, 1938, in New York under the auspices of the *Parents' Magazine*, awards were made for the best books of the year for parents.

The medal was awarded to Susan Isaacs, D.Sc., of the Department of Education of the London School of Economics, for her book, "The Nursery Years," an American edition of which was published by the Vanguard Press in 1937. The first edition appeared in England in 1929.

Honorable mention was given to Dorothy Canfield Fisher for "Fables for Parents"; to James S. Plant, M.D., for "Personality and the Cultural Pattern" (see review in *The Child*, September 1937, p. 54); to Harold Anderson, Ph.D., for "Children in the Family"; to Josette Frank for "What Books for Children"; and to the American Association for Childhood Education for "Childhood" (see review in *The Child*, August 1937, p. 44).

The Fair Labor-Standards Act of 1938 passed both Houses of Congress on June 14. The child-labor provisions of the act are to be administered by the Children's Bureau. An article regarding these provisions will appear in the July issue of *THE CHILD*.

CONFERENCE CALENDAR

June 26-July 3	National Association for the Advancement of Colored People. National conference, Columbus, Ohio.
June 28-July 1	American Home Economics Association. Hotel William Penn, Pittsburgh, Pa. Information: A.H.E.A., Washington, D.C.
July 13-16	Territorial Conference of Social Work. Honolulu, Hawaii.
Aug. 15-19	National Medical Association. Hampton, Va.
Sept. 19-23	Seventh International Management Congress. Washington, D.C. Congress headquarters: Room 1201, 347 Madison Ave., New York.

THE CHILD

MONTHLY NEWS SUMMARY

◆

CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

◆

UNITED STATES DEPARTMENT OF LABOR
FRANCES PERKINS
SECRETARY

Published under authority of Public Resolution No. 57, approved May 11, 1922 (42 Stat. 541), as amended by section 307 Public Act 212, approved June 30, 1932 (47 Stat. 409). This publication approved by the Director, Bureau of the Budget, May 12, 1936.

U. S. GOVERNMENT PRINTING OFFICE : 1938

BOSTON PUBLIC LIBRARY
3 9999 05708 7270